STATEMENT OF MEDICAL NECESSITY

The **Oncoguard™ Liver** test is a convenient single blood test that combines analysis of methylated DNA markers and the biomarker alpha fetoprotein with a sophisticated algorithm to help identify hepatocellular carcinoma (HCC) in at-risk patients.

Patient Name: Patier Insurance Payer Name: Insura		atient Date of Birth:
Ordering Physician Name: Ordering Physician Name		
Office Address:		
Office Phone:	Or	ffice Fax:
CPT Code: 81599		
Date of Specimen Collection:	(MM/D[D/YYYY)
ICD-10 Code(s):		
Symptoms/Clinical Findings:		
☐ Cirrhosis of the liver	☐ Hepatitis B infection (HBV))
☐ Other	☐ Other	Other
Prior History (check all the apply)	:	
☐ Hepatitis B infection (HBV)	☐ Hepatitis C infection (HCV)	☐ Alcohol
☐ Non-alcoholic fatty liver disease	(NAFLD) Genetic disorder	ers:
Authorized Signature:		Date:

Routine surveillance plays an important role in diagnosing HCC in its early stages and is recommended in AASLD and NCCN guidelines. This diagnosis is indicative of the patient being at-risk for HCC. To confirm the need for a diagnostic follow-up for potential HCC, it is imperative to perform the Oncoguard Liver test.

	AASLD ¹	NCCN ²
Population:	Cirrhosis and/or HBV (selected)	Cirrhosis and/or HBV (selected)
Surveillance Method(s):	Ultrasound +/- AFP	Ultrasound + AFP
Frequency:	Every 6 months	Every 6 months