Dear Valued Client:

At Quest Diagnostics, we continually strive to offer the most valuable diagnostic insights to help you provide the best possible care for your patients. We are pleased to inform you that on April 6, 2015, we will change our HIV screening offerings to bring our company into alignment with the current HIV screening algorithm recommended by the Centers for Disease Control and Prevention (CDC)\(^1\) and the Association for Public Health Laboratories (APHL).\(^1\) **Effective April 6, 2015, we will no longer offer the third generation (“antibody-only”) screening assay (19728(X)) and will offer only the fourth generation (antigen and antibody) screening assay.**

The fourth generation HIV screening assay, “HIV-1/2 Antigen and Antibodies, Fourth Generation, with Reflexes (91431(X)),” has several important advantages over the third generation HIV screening test (19728(X)):

- **Detection of HIV p24 antigen in addition to HIV antibodies.** The current CDC algorithm includes detection of HIV antigen as well as antibodies. This allows detection of infection 0 to 20 days (median, 5-7 days) before third generation immunoassays.

- **Confirmation of HIV-1 and HIV-2 antibodies using a single test.** The current algorithm uses the HIV-1/HIV-2 antibody differentiation assay (MultiSpot, FDA-approved for use in a multistep HIV diagnostic algorithm).

- **Confirmation of acute HIV-1 infection using an HIV-1 RNA assay.** The current algorithm performs reflex testing of HIV-1/2 repeatedly reactive specimens on initial antigen/antibody screen but HIV-1/2 negative on the antibody differentiation assay. These specimens undergo reflex testing using an FDA-approved HIV-1 RNA assay to evaluate for detectable virus in the absence of detectable antibodies.

Please note:

- **Beginning April 6\(^{th}\), the fourth generation screen (91431(X)) will be performed automatically for any orders received for the third generation screen (19728(X)).**

- **We will automatically convert from test code 19728(X) to 91431(X) in all company-created and custom panels that include HIV screening.** Please contact your Sales Representative or call 1-866-MY-QUEST (1-866-697-8378) if you would like to remove test code 91431(X) or make any other changes to your custom panels, which will require a Physician Authorization Form (PAF).

- Clinicians using some Electronic Medical Record (EMR) systems may need to update order and/or result codes manually to ensure that there are no disruptions in ordering and/or results reporting. We recommend that you check your custom panels to ensure that this change is made effectively.

The FDA-approved HIV-1/2 Fourth Generation, with Reflexes assay has several advantages:

- More sensitive than third generation assays
- Fewer indeterminate confirmation results (advantage of HIV-1/2 antibody differentiation assay over Western blot)
- Detects infection up to 20 days earlier than the prior antibody-only-based screening algorithm
- Aligned with current CDC-recommended algorithm
The only exception to the above would be “Donor HIV-1/2 Antibody Screening, with Reflexes (17380(X)),” which remains the recommended test for human cell or tissue donors and for cell-/tissue-based products. This assay is FDA-cleared for donor testing and is performed only in our FDA-registered donor infectious disease testing lab in Chantilly, VA.

Additional information related to pricing for the 4th generation screening assay may be forthcoming in a separate communication, if necessary.

Quest Diagnostics is committed to providing the most up-to-date test options to help you identify patients infected with HIV. The ability of the fourth generation HIV screening test to detect HIV p24 antigen shortens the window between virus acquisition and virus detection. A shorter window is of immense public health importance: evidence indicates that during this acute stage of infection the viral load is at its highest level. Therefore, the risk of HIV transmission is substantially increased during this interval prior to full antibody seroconversion. Additionally, the patient can benefit from earlier appropriate counseling and medical treatment.

Ultimately, the current fourth generation HIV diagnostic algorithm enables earlier detection of infection, allowing better patient management as well as potentially preventing virus transmission. This revised HIV diagnostic algorithm has been accepted and recommended by the CDC and the APHL based on its increased sensitivity, resulting in improved virus detection during the critical acute phase of infection. As such, we believe this assay best serves the HIV screening needs of your patients.

Here is a summary of our offering:

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Test Name</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>91431(X)</td>
<td>HIV-1/2 Antigen and Antibodies, Fourth Generation, with Reflexes</td>
<td>Fourth generation screening with higher sensitivity; follows the current CDC-recommended algorithm</td>
</tr>
<tr>
<td>91432(X)</td>
<td>HIV-1/2 Antibody Differentiation (Supplemental Use Only)</td>
<td>Confirmatory and differentiation assay (MultiSpot), which replaced HIV-1 Western blot in April 2014</td>
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</table>

For questions regarding the HIV-1/2 fourth generation screening assay or custom panels, please contact your Sales Representative or call us at 1-866-MY-QUEST (1-866-697-8378).

Sincerely,

John A. D. Leake, MD, MPH

Medical Director, Infectious Diseases

Reference: