

Machaon Diagnostics

-specialized coagulation testing

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PATIENT HISTORY				SUBMITTING FACILITY	
Patient's name: (Last, First, M.I.)		Specimen Date: (time)		Pre-Printed forms available upon request.	
Sex: (circle one) M / F	Date of birth:	SS# or ID#:	Referring physician:		
Platelet Count _____ (K/ μ L), aPTT _____ (sec.), PT _____ (sec.), INR _____ Hematocrit _____ (%), Bleeding History _____ (Y/N), Clotting History _____ (Y/N)					
Is this patient receiving Heparin? (Y / N) - please circle (LMWH or UFH or ARIXTRA)					
Is this patient taking Plavix? (Y / N) - please provide dosage _____ (mg/day)					
Is this patient taking Coumadin? (Y / N) Is this patient taking Aspirin? (Y / N)					
<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> ROUTINE ICD-9 _____					

PANEL TESTING	MOLECULAR DIAGNOSTICS
<input type="checkbox"/> Antiphospholipid Subgroup Panel (ACL, Phosphoserine, Phosphocholine, Phosphoglycerol, Phosphatidic Acid, Phosphoethanolamine, Phosphoinositol - IgG, IgM, IgA)	<input type="checkbox"/> Factor V Leiden (G1691A) Mutation
<input type="checkbox"/> Hereditary Thrombotic Risk Screen (Protein C Act, Protein S Act, AT III Act, FV Leiden) <input type="checkbox"/> Coumadin stabilized (AT III Act, PS Antigen [Total and Free], PC Antigen, F10 Antigen, Ratio Calc.)	<input type="checkbox"/> Prothrombin (G20210A) Mutation
<input type="checkbox"/> Heparin Antibody Panel (Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])	<input type="checkbox"/> MTHFR (<input type="checkbox"/> C677T and/or <input type="checkbox"/> A1298C) Mutations
<input type="checkbox"/> Lupus Anticoagulant Screen (ACL, dRVVT, aPTT-LA) <input type="checkbox"/> Do not reflex to LA Panel <input type="checkbox"/> Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, dRVVT, Thrombin Time and PT/INR)	<input type="checkbox"/> Warfarin Sensitivity (CYP2C9*2, CYP2C9*3, VKORC1 Genotypes)
<input type="checkbox"/> Plavix Metabolism Panel (Plavix Sensitivity Tests - ADP-induced Platelet Inhibition with CYP2C19 Genotype Confirmation)	<input type="checkbox"/> Plavix Sensitivity - Genotype (CYP2C19 Genotyping)
<input type="checkbox"/> Von Willebrand Factor Profile <input type="checkbox"/> Do not reflex to vWF:Multimer (Factor VIII Activity, vWF:Antigen, vWF:RCO, aPTT and if indicated, vWF:Multimer)	
<input type="checkbox"/> Warfarin Sensitivity Genotype with Dose Recommendation (CYP2C9*2, CYP2C9*3 and VKORC1 Genotypes with Warfarin Dose Recommendation)	

INDIVIDUAL TEST LIST		
<input type="checkbox"/> ACL (Anticardiolipin - IgG, IgM and IgA)	<input type="checkbox"/> Heparin Level (anti-Xa method) Select Type: LMWH (___) UFH (___) ARIXTRA (___)	<input type="checkbox"/> Protein S Antigen [Free] and/or <input type="checkbox"/> [Total]
<input type="checkbox"/> Alpha-2 Antiplasmin Activity	<input type="checkbox"/> Hexagonal Phospholipid (STACLOT-LA)	<input type="checkbox"/> Prothrombin Fragment 1.2 (F1.2)
<input type="checkbox"/> ADAMTS-13 Activity ELISA (reflex to Inhibitor)	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> Prothrombin Time (PT/INR)
<input type="checkbox"/> ADAMTS-13 Inhibitor ELISA	<input type="checkbox"/> Inhibitor to Factor(s) _____ Screen (___) Titer (___)	<input type="checkbox"/> Reptilase Time (RCT)
<input type="checkbox"/> Antithrombin III Activity and/or <input type="checkbox"/> Antigen	<input type="checkbox"/> Lupus Anticoagulant Index	<input type="checkbox"/> Risto Cofactor Activity (vWF:Activity)
<input type="checkbox"/> Beta-2 Glycoprotein I Antibody	<input type="checkbox"/> Mixing Study (aPTT)	<input type="checkbox"/> dRVVT (dilute Russel Viper Venom Time)
<input type="checkbox"/> Dabigatran (PRADAXA) Level by ECT	<input type="checkbox"/> Mixing Study (PT)	<input type="checkbox"/> dRVVT Confirmation Ratio
<input type="checkbox"/> Euglobulin Clot Lysis Time	<input type="checkbox"/> aPTT	<input type="checkbox"/> Thrombin Time - TCT
<input type="checkbox"/> Factor Activity (aPTT-based) <input type="checkbox"/> test all factors <input type="checkbox"/> VIII (8) <input type="checkbox"/> IX (9) <input type="checkbox"/> XI (11) <input type="checkbox"/> XII (12)	<input type="checkbox"/> aPTT-LA (Lupus Sensitive Reagent)	<input type="checkbox"/> Thrombin Time - PS (protamine sulfate)
<input type="checkbox"/> Factor Activity (PT-based) <input type="checkbox"/> test all factors <input type="checkbox"/> II (2) <input type="checkbox"/> V (5) <input type="checkbox"/> VII (7) <input type="checkbox"/> X (10)	<input type="checkbox"/> PAI-1 Activity (Plasminogen Activator Inhibitor-1)	<input type="checkbox"/> Thrombin-Antithrombin (TAT)
<input type="checkbox"/> Factor X (10) Antigen	<input type="checkbox"/> Platelet Antibody ID: Direct (___) and/or Indirect (___)	<input type="checkbox"/> vWF Antigen (vWF:Ag)
<input type="checkbox"/> Factor X (10) Chromogenic Activity	<input type="checkbox"/> Platelet Aggregation Study (comprehensive)	<input type="checkbox"/> vWF Multimer (vWF:Multimer)
<input type="checkbox"/> Factor XIII (13) Activity (screen___ or quant.___)	<input type="checkbox"/> Platelet Aggregation - ASA (Aspirin sensitivity test)	<input type="checkbox"/> vWF Protease Activity (ELISA)
<input type="checkbox"/> Fibrinogen Activity and/or <input type="checkbox"/> Antigen	<input type="checkbox"/> Platelet Aggregation - RIPA (Ristocetin-induced)	<input type="checkbox"/> vWF Protease Inhibitor (ELISA)
<input type="checkbox"/> Fondaparinux (ARIXTRA) Level	<input type="checkbox"/> Plavix Sensitivity - LTA (ADP-induced Platelet Inhibition)	<input type="checkbox"/> Warfarin Sensitivity (CYP2C9*2, *3, VKORC1)
<input type="checkbox"/> Heparin Antibody Panel (ELISA and wp-HIPA)	<input type="checkbox"/> Plavix Sensitivity - Genotype (CYP2C19 Genotyping)	<input type="checkbox"/> wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay)
<input type="checkbox"/> Heparin Antibody Reflex (ELISA reflex to wp-HIPA)	<input type="checkbox"/> Protein C Activity and/or <input type="checkbox"/> Antigen	Misc. _____
	<input type="checkbox"/> Protein S Activity	_____

ADDITIONAL INFORMATION	MD, INC. USE ONLY
<p>Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare.</p> <p>Patients with insurance coverage other than Medicare are considered <i>out-of-network</i> and will be billed for services not covered by their insurance provider. Medicare patients must sign an ABN, either located on the reverse side of this form or downloaded from the Machaon Diagnostics website. Patient insurance billing services are provided in accordance with the <i>Machaon Insurance Billing Policy</i>. HMO or medical group covered patients may need a prior authorization if they seek reimbursement.</p> <p>Machaon Diagnostics is a CA-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services.</p>	<p>Specimen type received _____ Aliquots _____</p> <p>Specimen type received _____ Aliquots _____</p> <p>Assigned order form number _____</p> <p>Comments _____</p> <p>_____</p>