

# Machaon Diagnostics

-specialized coagulation testing

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## PATIENT HISTORY

Patient's name: (Last, First, M.I.)		Specimen Date: (time)	
Sex: (circle one) <b>M / F</b>	Date of birth:	SS# or ID#:	Referring physician:
Platelet Count _____ (K/ $\mu$ L), aPTT _____ (sec.), PT _____ (sec.), INR _____ Hematocrit _____ (%), Bleeding History _____ (Y/N), Clotting History _____ (Y/N)			
Is this patient on Heparin _____ (Y/N), type _____			
Is this patient on Coumadin _____ (Y/N), duration _____ (days)			
Is this patient on Aspirin _____ (Y/N), dosage _____ (mg/kg)			

## SUBMITTING FACILITY

Pre-Printed forms available upon request.

STAT  ASAP  ROUTINE **ICD-9** \_\_\_\_\_

## PANEL TESTING

- Hypercoagulability Panel**  
(Hereditary Thrombosis Screen, LA Screen, Prothrombin Mutation, Homocysteine, Factor VIII Act)
- Lupus Anticoagulant Screen** (ACL, RVVT, aPTT-LA)  Reflex to Panel, see below  
 Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, RVVT, Thrombin Time, PT, STACLOT-LA)
- Antiphospholipid Subgroup Panel** (ACL, Phosphoserine, Phosphocholine, Phosphoglycerol, Phosphatidic Acid, Phosphoethanolamine, Phosphoinositol-IgG, IgM and IgA)
- Von Willebrand Factor Profile**  include Multimer  
(Factor VIII Activity, VWF:Antigen, VWF:RCo, aPTT and if checked above, VWF:Multimer)
- Hereditary Thrombotic Risk Screen** (Protein C Act, Protein S Act, AT III Act, FV Leiden)  
 Coumadin stabilized (AT III Act, PS Antigen [Total and Free], PC Antigen, F10 Antigen, Ratio Calc.)
- Warfarin Sensitivity Genotype with Dose Recommendation**  
(CYP2C9\*2, CYP2C9\*3 and VKORC1 Genotypes, PT/INR, Warfarin Dose Recommendation)
- Heparin Antibody Panel**  
(Includes both Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])

## MOLECULAR DIAGNOSTICS

- Factor V Leiden (G1691A) Mutation**  
(FVL R506Q)
- Prothrombin (G20210A) Mutation**  
(Poort Mutation)
- MTHFR (C677T and A1298C) Mutations**  
(Methylenetetrahydrofolate Reductase Mutation)  
 Allele C677T  Allele A1298C
- Warfarin Sensitivity Genotype**  
(CYP2C9\*2, CYP2C9\*3 and VKORC1 Genotypes)

Clotting Work-ups (reflexive testing)

aPTT Work-up  PT Work-up

## INDIVIDUAL TEST LIST

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> APC-Resistance (Activated Protein C-Res.)                | <input type="checkbox"/> Heparin Level (anti-Xa method) <sup>LMWH ( )</sup>         | <input type="checkbox"/> Protein S Antigen [Free] and/or <input type="checkbox"/> [Total] |
| <input type="checkbox"/> ACL (Anticardiolipin IgG, IgA, IgM)                      | <input type="checkbox"/> HepTest® <sup>UFH ( )</sup>                                | <input type="checkbox"/> Prothrombinase-induced Clotting Time                             |
| <input type="checkbox"/> Anti-Annexin V Antibody                                  | <input type="checkbox"/> Hexagonal Phospholipid (STACLOT-LA) <sup>ARIXTRA ( )</sup> | <input type="checkbox"/> Prothrombin Time (PT)  |
| <input type="checkbox"/> Antithrombin III Activity                                | <input type="checkbox"/> Homocysteine   | <input type="checkbox"/> Reptilase Clotting Time (RCT)                                    |
| <input type="checkbox"/> Aspirin Sensitivity Verification                         | <input type="checkbox"/> Inhibitor to Factor(s) _____ <sup>Screen ( )</sup>         | <input type="checkbox"/> Risto Cofactor Activity (VWF:Activity)                           |
| <input type="checkbox"/> Beta <sub>2</sub> Glycoprotein I Antibody                | <input type="checkbox"/> Lupus Anticoagulant Index <sup>Titer ( )</sup>             | <input type="checkbox"/> RVVT (Dilute Russel Viper Venom Time)                            |
| <input type="checkbox"/> F1.2 (Prothrombin Fragment 1.2)                          | <input type="checkbox"/> Mixing Study (aPTT)  | <input type="checkbox"/> Thrombin Time  |
| <input type="checkbox"/> Factor II Activity                                       | <input type="checkbox"/> Mixing Study (PT)  | <input type="checkbox"/> Thrombin Time -PS (protamine sulfate)                            |
| <input type="checkbox"/> Factor V Activity  | <input type="checkbox"/> aPTT   | <input type="checkbox"/> Thrombin-Antithrombin (TAT)                                      |
| <input type="checkbox"/> Factor VII Activity                                      | <input type="checkbox"/> aPTT-LA (Lupus Sensitive Reagent)                          | <input type="checkbox"/> VWF Antigen (VWF:Ag)   |
| <input type="checkbox"/> Factor VIII Activity (FVIII:C)                           | <input type="checkbox"/> PAI-1 Activity (Plasminogen Activator Inhibitor-1)         | <input type="checkbox"/> VWF Multimer (VWF:Multimer)                                      |
| <input type="checkbox"/> Factor IX Activity                                       | <input type="checkbox"/> Platelet Antibody ID Direct ( ) and/or Indirect ( )        | <input type="checkbox"/> VWF Protease Activity (ADAMTS-13)                                |
| <input type="checkbox"/> Factor X Activity, or <input type="checkbox"/> Antigen   | <input type="checkbox"/> Platelet Aggregation (11 agonists tested)                  | <input type="checkbox"/> VWF Protease Inhibitor (ADAMTS-13)                               |
| <input type="checkbox"/> Factor XI Activity                                       | <input type="checkbox"/> Platelet Aggregation -ASA (Aspirin sensitivity verified)   | <input type="checkbox"/> Warfarin Sensitivity Genotype                                    |
| <input type="checkbox"/> Factor XII Activity                                      | <input type="checkbox"/> Platelet Aggregation -Plavix (Plavix sensitivity verified) | Misc. _____   |
| <input type="checkbox"/> Factor XIII Activity (check screen__ or quant.__)        | <input type="checkbox"/> Platelet Aggregation -RIPA (Ristocetin-induced)            | _____   |
| <input type="checkbox"/> Fibrinogen Activity, or <input type="checkbox"/> Antigen | <input type="checkbox"/> Protein C Activity   | _____   |
| <input type="checkbox"/> Fondaparinux Level (ARIXTRA)                             | <input type="checkbox"/> Protein C Antigen  | _____   |
| <input type="checkbox"/> Heparin Antibody (ELISA and washed-platelet HIPA)        | <input type="checkbox"/> Protein S Activity   | _____   |

## ADDITIONAL INFORMATION

**Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare.**

Patient insurance billing services are provided, however HMO-covered patients will need to obtain a pre-authorization for testing to be reimbursed.

Patients with coverage other than Medicare are considered out-of-network and will be billed for services not covered by their insurance provider. Expanded insurance billing services may be available to institutional clients under contract. Medicare patients must sign ABN on reverse side.

**Machaon Diagnostics is a CA-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity clinical lab testing services.**

## MD, INC. USE ONLY

Specimen type received \_\_\_\_\_ Aliquots \_\_\_\_\_

Specimen type received \_\_\_\_\_ Aliquots \_\_\_\_\_

Assigned order form number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_