

# Machaon Diagnostics

## ADAMTS-13 Test Order Form

Turnaround Time: 24 hours, everyday; order STAT for weekend testing

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1-800-566-3462

PATIENT INFORMATION (complete or attach)			SUBMITTING FACILITY		
Patient's Name: (Last, First, M.I.)		Gender: (circle one) M / F	Facility Phone Number: _____ Fax Number for Results: _____		
Specimen Date: (MM/DD/YY) Time: AM / PM		Date of Birth: (MM/DD/YY)			
Medical Record / ID#:		Patient's Social Security #:			
ORDERING PHYSICIAN INFORMATION			BILLING INFORMATION		
Physician's Name: (Last, First, M.I.)		Fax Number for Results:	<b>Bill to:</b> <input type="checkbox"/> Facility / Inpatient or Outpatient		
Physician's direct phone number to call results: (called with 24 hours)			<b>Bill to:</b> <input type="checkbox"/> Insurance / Outpatient		
Would you like us to reflex to our 48-hour aHUS Genetic Panel when the ADAMTS-13 Activity is >5%? <input type="checkbox"/> Yes <input type="checkbox"/> No (3mL EDTA whole blood sample required)			<input type="checkbox"/> STAT	Samples shipped for weekend analysis must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'	
CLINICAL INFORMATION (if available)			TEST SELECTION		
Last Plasma Infusion Date: (MM/DD/YY)		LDH: (U/L)	<input type="checkbox"/> ADAMTS-13 Activity reflex Inhibitor		Reflexes to Antibody
Creatinine: (mg/dL)	PLT Count: (K/ $\mu$ L)	Hemoglobin: (mg/dL)	<input type="checkbox"/> ADAMTS-13 Activity and Inhibitor		Reflexes to Antibody
Clinical Suspicion: (circle one) TMA / TTP / HUS / Shiga toxin-related HUS / aHUS / Other			<input type="checkbox"/> ADAMTS-13 Activity, Inhibitor and Antibody		
SPECIMEN COLLECTION, PROCESSING AND SHIPPING / call for draw kits (free shipping)					
Specimen Collection and Processing			Specimen Shipping		
1. Draw 1 blue top tube (3.2% sodium citrate).			6. Place all forms into document sleeve of the biohazard bag.		
2. Spin tube for cell-free plasma (approx. 15 minutes at 2000 x g).			7. Ensure that no patient-specific information is visible.		
3. Transfer approximately 1mL into the provided sample tube.			8. Place biohazard bag into the provided FedEx Clinical Pak.		
4. Label tube with patient first and last name, draw date and DOB.			9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.		
5. Enclose tube in Styrofoam box and seal in biohazard bag.			10. Call FedEx 800-238-5355 for a pick-up.		
<b>Note: Samples can be shipped room temperature, frozen or refrigerated. Please call for guidance.</b>					
OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)					
Insurance Company: (Medicare patients must sign ABN)			Patient Address:		Patient Phone Number:
Insurance Policy / Medicare Number:		Insurance Group Number:	Patient City:		State: Zip Code:
Insurance Company Address:			Authorization Number:		
Insurance Company City:		State:	Zip Code:		
DIAGNOSIS CODE(S):			OUTPATIENT ONLY: PATIENT SIGNATURE		
ICD-9 Code: ICD-9 Code: ICD-9 Code:			Machaon Diagnostics may need to obtain additional information from your physician to complete these services. I hereby authorize the release of medical information related to the services described herein and authorize payment directly to Machaon Diagnostics. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. The activity test is \$248 and reflexes to the inhibitor (\$530) and antibody test (\$250); shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.		
			Patient's Signature: _____ Date: _____		
			X: _____		
ADDITIONAL INFORMATION					
Machaon Diagnostics is a specialized coagulation and platelet laboratory that provides comprehensive clinical evaluations of bleeding and clotting patients. Most evaluations can be completed within 24 hours, 7 days a week. Machaon Diagnostics is a California-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. Patients with insurance coverage other than Medicare are considered OUT-OF-NETWORK 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 Machaon Insurance Billing Policy. HMO or medical group covered patients may need a prior authorization if they seek full reimbursement. For more information please visit <a href="http://www.MachaonDiagnostics.com">www.MachaonDiagnostics.com</a> or call (510) 839-5600.					