Machaon Diagnostics

coagulation, platelets, rare disease and genetics

Medical Director: Brad H. Lewis, MD (Berkeley, CA lab)
Medical Director: Gloria Coker, MD (New Orleans, LA lab)
Phone: (510) 839-5600 Fax: (510) 839-6153

HLH Genetic Panel 3.0 Order Form

STAT Turnaround Time: 48 hours, M-F / Routine Turnaround Time: 1 week

MachaonDiagnostics.com
1-800-566-3462

PATIENT INFORMATION (complete or attach)

Patient's Name: (Last, First, M.I.) *required*	Gender: *required* ◯ M ◯ F
Specimen Date and Time: *required*	DOB: (MM/DD/YYYY) *required*
MRN: *required*	Accession #: *required*

SUBMITTING FACILITY

Facility Name and Address: *required*

Facility Phone Number: *required* Fax Number for Results: *required*

ORDERING PHYSICIAN INFORMATION

Physician's Name: (Last, First, M.I.) *required*	Physician's NPI:
Contact Phone Number:	Fax Number for Results:

Physician's direct phone number to call results: (***highly encouraged***)

BILLING INFORMATION

Bill to: ☐ Facility / Inpatient or Outpatient

Bill to: ☐ Insurance / Outpatient Please inquire with our patient advocates regarding insurance coverage for this test.

☐ ***STAT*** ***STAT required for 48-hour turnaround time, M-F***

CLINICAL INFORMATION (if available)

soluble IL-2R (CD25): _____ (U/mL) Ferritin: _____ (ng/mL) Triglycerides: _____ (mg/dL)	Has this patient had a bone marrow transplant? ◯ Yes ◯ No ◯ unknown
Hemophagocytosis: ☐ Present ☐ Not present NK Function: _____ (%)	Neutrophil count: _____ (K/μL) Platelet count: _____ (K/μL)

Ethnicity: ☐European ☐African ☐Latino ☐East Asian ☐South Asian

or other:_____

TEST SELECTION

☐ HLH Genetic Panel 3.0 ☐ Reflex negative and equivocal results to extended panel.

32 genes included: *ADA, AP3B1, AP3D1, CD27, CD70, CDC42, CTPS1, CYBA, CYBB, CYBC1, GATA2, HAVCR2, IL2RG, ITK, LIPA, LYST, MAGT1, NCF2, NCF4, NCKAP1L, NLRC4, PRF1, RAB27A, RASGRP1, RC3H1, RHOG, SH2D1A, SLC7A7, STX11, STXBP2, UNC13D, XIAP* and *UNC13D* 253-kb inversion;
9 additional genes included in the extended panel: *FADD, FAS, FASLG, MEFV, MVK, NLRP3, STAT1, TNFRSF1A* and *WAS.*

Informed Consent for Genetic Testing (required for patients drawn in New York state)

Providers are required to obtain informed consent from patients for genetic testing for all genetic samples originating in New York. An informed consent form may be found at www.machaondiagnostics.com, with a description of the test, purpose, and limitations. In lieu of submitting a copy of the signed informed consent, healthcare providers may sign the below statement attesting that informed consent has been obtained.
Verification of Informed Consent: I am a healthcare provider for the patient named on this requisition. I have obtained the required informed consent from the patient or the patient's legal guardian for each genetic test ordered on this requisition and I authorize testing of the provided specimen.

Signature of Provider _____ Date: _____

Note: testing may be delayed if a consent form is not received or the provider signature is not present.

OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)

Insurance Company: (***Medicare patients must sign ABN on reverse***)		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): ***(Please complete medical necessity form.)***

ICD-10 Code:	ICD-10 Code:	ICD-10 Code:

OUTPATIENT ONLY: PATIENT SIGNATURE

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. Please inquire with our patient advocates regarding insurance coverage for this test. The HLH Genetic Panel is $3,127 and if ordered STAT, add $770; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.

Patient's Signature:

X: _____ Date: _____

ADDITIONAL INFORMATION

MDI Use: (Order number): _____ (Number of aliquots): _____

Version:19FEB2025