

# Machaon Diagnostics

## Alport Genetic Panel Order Form

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Routine Turnaround Time: 1 week

www.MachaonDiagnostics.com

1-800-566-3462

PATIENT INFORMATION <i>(complete or attach)</i>			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.)		Physician's NPI:	Bill to: <input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <i>All inpatient testing is billed to facility</i>		<small>Currently, there is no payable outpatient benefit from Medicare or Medicaid for this test.</small>	
Contact Phone Number:		Fax Number for Results:	Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient			
Physician's direct phone number to call results: <i>(highly encouraged)</i>			Samples shipped for weekend arrival must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'			
CLINICAL INFORMATION <i>(if available)</i>			TEST SELECTION			
On-going Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has a biopsy been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alport Genetic Panel		Methodology: <i>Rapid Next Generation sequencing of 3 genes</i>	
Creatinine Level:	Proteinuria? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hematuria? <input type="checkbox"/> Yes <input type="checkbox"/> No	Genes included: COL4A3, COL4A4, COL4A5			
SPECIMEN COLLECTION, PROCESSING AND SHIPPING / <i>call for draw kits (free shipping)</i>						
Specimen Collection and Processing			Specimen Shipping			
1. Draw 1 lavender top tube (EDTA).			6. Place all forms into document sleeve of the biohazard bag.			
2. Mix tube by inversion, gently to ensure proper mixing.			7. Ensure that no patient-specific information is visible.			
3. Label tube with patient first and last name, draw date and DOB.			8. Place biohazard bag into the provided FedEx Clinical Pak.			
4. Enclose tube in Styrofoam box and seal in biohazard bag.			9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.			
5. Complete this form and attach insurance billing information.			10. Call FedEx 800-238-5355 for a pick-up.			
<b>Note: Samples can be shipped room temperature or refrigerated. Please call for guidance.</b>						
OUTPATIENT ONLY: INSURANCE BILLING INFORMATION <i>(complete or attach)</i>						
Insurance Company: <i>(Medicare patients must sign ABN on reverse)</i>			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:	<b>OUTPATIENT ONLY: PATIENT SIGNATURE</b> MachaonDiagnosticsmayneedtoobtainadditionalinformationfromyouphysiciarto completetheseservicesherebyauthorizethereleaseofmedicalinformationrelatedtothe services described herein and authorize payment directly to Machaon Diagnostics. This test is currently not covered or reimbursed by Medicare or Medicaid. The Alport Syndrome Genetic Panel is \$2,978; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.		
DIAGNOSIS CODE(S):						
ICD-10 Code:	ICD-10 Code:	ICD-10 Code:	Patient's Signature:		Date:	
X: _____						
ADDITIONAL INFORMATION						
Machaon Diagnostics is a specialized coagulation, platelet and genetic laboratory providing 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. This test is not covered or reimbursed by Medicare or Medicaid. All patients 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.						