

# Platelet Aggregation Testing – *patient guide*

*(Please provide this form to patients referred to Machaon for Platelet Aggregation testing)*

Your doctor has ordered a comprehensive platelet aggregation study. This is a very specialized test that is only offered at a handful of reference laboratories across the US. Timing is of critical importance for this test. We recommend that all patients come to our Oakland laboratory for on-site blood collection. Machaon Diagnostics specializes in diagnosis of complex bleeding and clotting disorders. Results of your test will be released the same day that you are drawn.

## Where you are going...

Our location:	3023 Summit Street, Oakland, CA 94609 <i>(on the Alta Bates Summit Medical Center campus)</i>
Draw times:	9 AM – 2 PM
Time required:	Expect the visit to take 15-25 minutes.
Patient parking:	There is a parking garage 50 yards north of our door.

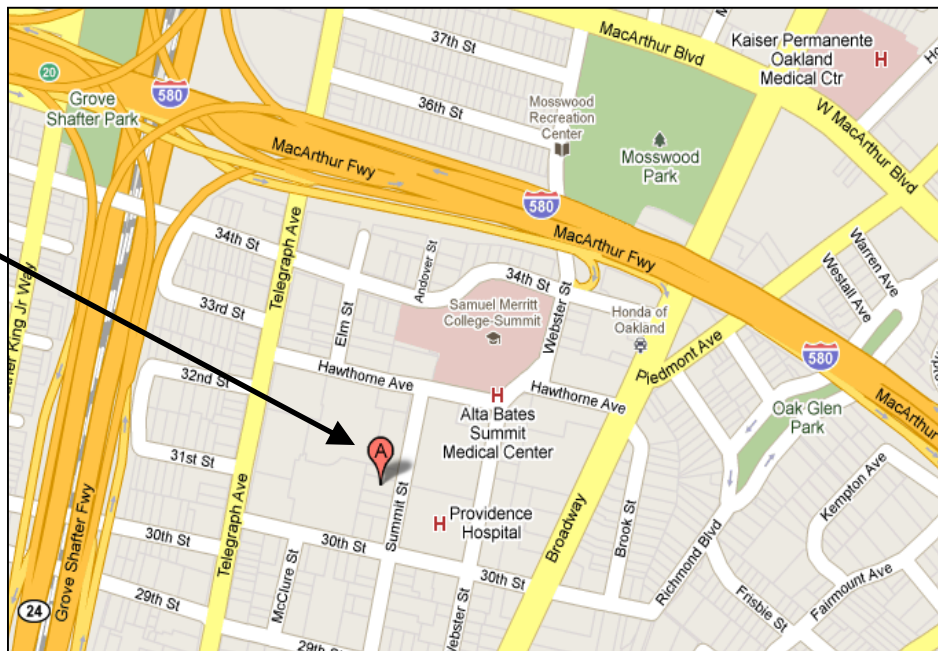
## Please remember you MUST call to make an appointment!

Appointments:	Please phone 510-839-5600 to make an appointment.
Fasting:	DO NOT eat or drink anything, except for water, for 6 hours prior to blood draw.
Interfering Agents:	Many drugs, supplements and dietary ingredients can interfere with the accurate measurement of platelet function. Please have a list of all your current medications and supplements when phoning for an appointment.
Prescribed Drugs:	If you have been prescribed aspirin, non-steroidal anti-inflammatory drug (NSAID), antihistamine, fish oil concentrates or other platelet inhibitors, DO NOT discontinue use. We will notify you once we receive physician authorization to discontinue certain medications.
Pending Surgery:	Please notify us if this test is for a pending medical procedure.

**Machaon Diagnostics**  
special coagulation lab  
3023 Summit Street  
Oakland, CA 94609

Please call for  
directions!

(510) 839-5600



Map Source: Google ©2010; Doc Ver10OCT2010

# Machaon Diagnostics

-specialized coagulation testing

Medical Director: Brad H. Lewis, MD  
3023 Summit Street, Oakland, CA 94609  
Phone: (510) 839-5600 Fax: (510) 839-6153

www.MachaonDiagnostics.com  
1.800.56.MD.Inc. (6.3462)

## PATIENT HISTORY

Patient's name: (Last, First, M.I.)		Specimen Date: (time)	
Sex: (circle one) M / F	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 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 )			

## SUBMITTING FACILITY

Pre-Printed forms available upon request.

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

## PANEL TESTING

- Antiphospholipid Subgroup Panel (ACL, Phosphoserine, Phosphocholine, Phosphoglycerol, Phosphatidic Acid, Phosphoethanolamine, Phosphoinositol - IgG, IgM, IgA)
- 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.)
- Heparin Antibody Panel (Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])
- Lupus Anticoagulant Screen (ACL, dRVVT, aPTT-LA)  Do not reflex to LA Panel
  - Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, dRVVT, Thrombin Time and PT/INR)
- Plavix Metabolism Panel (Plavix Sensitivity Tests - ADP-induced Platelet Inhibition with CYP2C19 Genotype Confirmation)
- Von Willebrand Factor Profile  Do not reflex to vWF:Multimer (Factor VIII Activity, vWF:Antigen, vWF:RCO, aPTT and if indicated, vWF:Multimer)
- Warfarin Sensitivity Genotype with Dose Recommendation (CYP2C9\*2, CYP2C9\*3 and VKORC1 Genotypes with Warfarin Dose Recommendation)

## MOLECULAR DIAGNOSTICS

- Factor V Leiden (G1691A) Mutation
- Prothrombin (G20210A) Mutation
- MTHFR ( C677T and/or  A1298C) Mutations
- Warfarin Sensitivity (CYP2C9\*2, CYP2C9\*3, VKORC1 Genotypes)
- Plavix Sensitivity - Genotype (CYP2C19 Genotyping)

## WORK-UPS (reflexive testing)

- Hypercoagulability Panel (LA Screen, Protein C Act, Protein S Act, AT III Act, FV Leiden Mutation, Prothrombin Mutation, Factor VIII Activity, Homocysteine)
- Prolonged aPTT and/or  Prolonged PT Evaluations (May include LA Screen, aPTT Factors [8,9,11,12], PT Factors [2,5,7,10], Mixing Studies, Thrombin Time, Fibrinogen Activity and/or Reptilase Time)
- Mild Bleeding Work-up (most common tests) (Plt Agg, vWF Profile, PT/INR, Fibrinogen Activity and Thrombin Time)

## INDIVIDUAL TEST LIST

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ACL (Anticardiolipin - IgG, IgM and IgA)   | <input type="checkbox"/> Heparin Level (anti-Xa method)<br>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 (___)<br>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<br><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<br><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

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

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 reimbursement.

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

## MD, INC. USE ONLY

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

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

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

Comments \_\_\_\_\_

\_\_\_\_\_