

# Machaon Diagnostics

## HIT Antibody Panel Order Form

For a complete list of tests please visit our website.

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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.)		Physician's NPI:	Bill to: <input type="checkbox"/> Facility / Inpatient or Outpatient		
Contact Phone Number:		Fax Number for Results:	Bill to: <input type="checkbox"/> Insurance / Outpatient		
Number to call STAT results: (called within 24 hrs)		Call Positives only (Y / N)	<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		
Platelet Count _____ (K/ $\mu$ L), aPTT _____ (sec.) Hematocrit _____ (%)			<input type="checkbox"/> HIT Antibody Panel (ELISA and wp-HIPA)		
Is this patient currently receiving a heparin alternative? (Y / N) (Argatroban / Lepirudin / Fondaparinux / Desirudin / Bivalirudin)			<input type="checkbox"/> HIT Antibody Screen (ELISA) <small>Reflexes to wp-HIPA</small>		
Clinical Suspicion: (circle one) ↓ PLT Count / Positive ELISA / Low-Intermediate T4 Score / Other			<input type="checkbox"/> HIT Antibody Confirmation (wp-HIPA)		
SPECIMEN COLLECTION, PROCESSING AND SHIPPING					
Specimen Collection and Processing			Specimen Shipping		
1. Draw 1 red top tube (serum) and allow blood to clot.			6. Place all forms into document sleeve of the biohazard bag.		
2. Spin tube for serum (approx. 15 minutes at 2000 x g).			7. Ensure that no patient-specific information is visible.		
3. Transfer approximately 1mL serum into the provided 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 provided 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:		<b>OUTPATIENT ONLY: PATIENT SIGNATURE</b> 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. When abnormal, the screening test reflexes to the confirmation test; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.	
Insurance Company City:		State:	Zip Code:		
<b>DIAGNOSIS CODE(S):</b>			Patient's Signature:		
ICD-9 Code:	ICD-9 Code:	ICD-9 Code:	X:		Date:
ADDITIONAL INFORMATION					
The wp-HIPA (washed-platelet Heparin-induced Platelet Activation) assay was named a reference method or GOLD STANDARD for the treatment and prevention of Heparin-induced Thrombocytopenia (HIT) in recent physician guidelines for managing HIT patients (CHEST 2012). 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 may 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.					