

Machaon Diagnostics

HIT Antibody Panel Order Form

For a complete list of tests please visit our website.

Medical Director: Brad H. Lewis, MD
 2023 Eighth Street, Berkeley, CA 94710
 Phone: (510) 839-5600 Fax: (510) 839-6153

MachaonDiagnostics.com
 1-800-566-3462

PATIENT INFORMATION (complete or attach)		SUBMITTING FACILITY	
Patient's Name: (Last, First, M.I.) <i>required</i>	Sex: <i>required</i> M F	Facility Name and Address: <i>required</i>	
Specimen Date and Time: <i>required</i>	DOB: (MM/DD/YY) <i>required</i>	Facility Phone Number: <i>required</i> Fax Number for Results: <i>required</i>	
MRN: <i>required</i>	Accession #:		
ORDERING PHYSICIAN INFORMATION		BILLING INFORMATION	
Physician's Name: (Last, First, M.I.) <i>required</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/ μ 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: ↓ PLT Count Positive ELISA 4Ts 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.	2. Spin tube for serum (approx. 15 minutes at 2000 x g).	6. Place all forms into document sleeve of the biohazard bag.	7. Ensure that no patient-specific information is visible.
3. Transfer approximately 1mL serum into the provided tube.	4. Label tube with patient first and last name, draw date and DOB.	8. Place biohazard bag into the provided FedEx Clinical Pak.	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.	
Note: Samples can be shipped room temperature, frozen or refrigerated. Please call for guidance.			
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:	
OUTPATIENT ONLY: PATIENT SIGNATURE			
DIAGNOSIS CODE(S):		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.	
ICD-9 Code:	ICD-9 Code:	ICD-9 Code:	Patient's Signature: 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 www.MachaonDiagnostics.com or call (510) 839-5600.			