

# Machaon Diagnostics

-coagulation, platelets and genetics

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

Medical Director: Gloria Coker, MD  
8721 Oak Street, New Orleans, LA 70118  
Phone: (504) 866-7090 / Fax: (504) 866-7091

www.MachaonDiagnostics.com  
1-800-566-3462

PATIENT HISTORY				SUBMITTING FACILITY	
Patient's name: (Last, First, M.I.)		Specimen Date: (time)		Pre-Printed forms available upon request.	
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 )				<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> ROUTINE ICD-10 _____	

PANEL TESTING	GENETIC TESTING
<input type="checkbox"/> Antiphospholipid Subgroup Panel (ACL, B2GPI, Phosphoserine, Phosphocholine, Phosphatidic Acid, Phosphoethanolamine, Phosphoinositol, Phosphoglycerol - IgG, IgM, IgA)	<input type="checkbox"/> ADAMTS-13 Gene Sequencing
<input type="checkbox"/> Heparin Antibody Panel (TAT <24 Hrs) (Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])	<input type="checkbox"/> atypical HUS Genetic Panel (STAT <2 Days)
<input type="checkbox"/> Hypercoagulability / Thrombophilia Panel (STAT <24 Hrs) (Please visit our website for complete testing algorithm)	<input type="checkbox"/> Dysfibrinogenemia Genetic Panel (FGA, FGB, FGG)
<input type="checkbox"/> Lupus Anticoagulant Screen (ACL, dRVVT, aPTT-LA) <input type="checkbox"/> Do not reflex to LA Panel <input type="checkbox"/> Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, dRVVT, Thrombin Time and PT/INR)	<input type="checkbox"/> Factor V (5) Leiden Gene Mutation
<input type="checkbox"/> Mild Bleeding Work-up (most common tests) (STAT <24 Hrs) (Platelet Aggregation, vWF Profile, Fibrinogen Activity, Thrombin Time, PT/INR)	<input type="checkbox"/> MTHFR ( <input type="checkbox"/> C677T and/or <input type="checkbox"/> A1298C) Mutations
<input type="checkbox"/> Prolonged aPTT / PT Evaluation Work-up (STAT <24 Hrs) (Please visit our website for complete testing algorithm)	<input type="checkbox"/> Plasminogen Gene Sequencing
<input type="checkbox"/> von Willebrand Factor Profile <input type="checkbox"/> Do not reflex to vWF:Multimer (STAT <24 Hrs) (Factor VIII Activity, vWF:Antigen, vWF:RCo, aPTT and if indicated, vWF:Multimer)	<input type="checkbox"/> PlateletGenex™ Functional Defect Panel (31 genes)
	<input type="checkbox"/> Plavix Metabolism Panel (CYP2C19 Genotyping)
	<input type="checkbox"/> Prothrombin (Factor II) Gene Mutation
	<input type="checkbox"/> Thrombophilia Genetic Panel
	<input type="checkbox"/> von Willebrand Gene Sequencing (vWD Sub-typing Panel)

INDIVIDUAL TEST LIST		
<input type="checkbox"/> ACL (Anticardiolipin - IgG, IgM and IgA)	<input type="checkbox"/> Heparin Level (anti-Xa method) Select Type: LMWH ( ) UFH ( ) ARIXTRA ( )	<input type="checkbox"/> Protein S Antigen [Free] and/or <input type="checkbox"/> [Total]
<input type="checkbox"/> ADAMTS-13 Activity ELISA (reflex to Inhibitor)	<input type="checkbox"/> Hexagonal Phospholipid	<input type="checkbox"/> Prothrombin Fragment 1.2 (F1.2)
<input type="checkbox"/> ADAMTS-13 Inhibitor and/or <input type="checkbox"/> Antibody	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> Prothrombin Time (PT/INR)
<input type="checkbox"/> Anti-CFH Autoantibody ELISA	<input type="checkbox"/> Inhibitor to Factor(s) _____ Screen ( ) Titer ( )	<input type="checkbox"/> Reptilase Time (RCT)
<input type="checkbox"/> Antithrombin III Activity and/or <input type="checkbox"/> Antigen	<input type="checkbox"/> Lupus Anticoagulant Screen	<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	<input type="checkbox"/> Mixing Study (PT)	<input type="checkbox"/> Thrombin Generation - ETP
<input type="checkbox"/> Euglobulin Clot Lysis Time	<input type="checkbox"/> aPTT	<input type="checkbox"/> Thrombin Time - TCT (confirmed w/ PS)
<input type="checkbox"/> Factor Activity (aPTT-based) <input type="checkbox"/> test all factors <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-Antithrombin (TAT)
<input type="checkbox"/> Factor Activity (PT-based) <input type="checkbox"/> test all factors <input type="checkbox"/> II (2) <input type="checkbox"/> V (5) <input type="checkbox"/> VII (7) <input type="checkbox"/> X (10)	<input type="checkbox"/> PAI-I Activity (Plasminogen Activator Inhibitor-1)	<input type="checkbox"/> Thromboelastography (TEG)
<input type="checkbox"/> Factor VIII (8) Chromogenic Activity	<input type="checkbox"/> Platelet Antibody ID: Direct ( ) and/or Indirect ( )	<input type="checkbox"/> TEG: Platelet Mapping
<input type="checkbox"/> Factor X (10) Chromogenic Activity	<input type="checkbox"/> Platelet Aggregation Study - LTA	<input type="checkbox"/> vWF Activity and/or <input type="checkbox"/> Antigen
<input type="checkbox"/> Factor XIII (13) Activity (Quantitative)	<input type="checkbox"/> Platelet ATP / Granule Release Study	<input type="checkbox"/> vWF Gene Sequencing (vWD Sub-typing)
<input type="checkbox"/> Fibrinogen Activity and/or <input type="checkbox"/> Antigen	<input type="checkbox"/> Platelet Aggregation - RIPA (Ristocetin-induced)	<input type="checkbox"/> vWF Multimer (vWF:Multimer)
<input type="checkbox"/> Fondaparinux (ARIXTRA) Level	<input type="checkbox"/> Platelet Electron Microscopy Study	<input type="checkbox"/> wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay)
<input type="checkbox"/> Heparin Antibody Panel (ELISA and wp-HIPA)	<input type="checkbox"/> Plavix Sensitivity - LTA and CYP2C19 Genotype	Misc. _____
<input type="checkbox"/> Heparin Antibody Reflex (ELISA reflex to wp-HIPA)	<input type="checkbox"/> Protein C Activity and/or <input type="checkbox"/> Antigen	_____
	<input type="checkbox"/> Protein S Activity	_____

ADDITIONAL INFORMATION	MD, INC. USE ONLY
<p><b>Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare.</b></p> <p>Patients with insurance coverage other than Medicare are considered <i>out-of-network</i> 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 <i>Machaon Insurance Billing Policy</i>. HMO or medical group covered patients may need a prior authorization if they seek reimbursement.</p> <p><b>Machaon Diagnostics [Oakland] is a CA-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services.</b></p>	Specimen type received _____ Aliquots _____ Specimen type received _____ Aliquots _____ Assigned order form number _____ Comments _____ _____