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/µL), aPTT (sec.), PT (sec.), INR
Hematocrit (%) , Bleeding History (Y/N), Clotting History (Y/N)

Is this patient anticoagulated? (Y / N) please circle: heparin / DTI / DOAC / fondaparinux
Is this patient taking Coumadin? (Y / N) Is this patient taking Aspirin? (Y / N)

STAT ASAP ROUTINE

GENETIC TESTING

- ADAMTS-13 Gene Sequencing
- atypical HUS Genetic Panel (STAT <2 Days)
- Dysfibrinogogenemia Genetic Panel (FGA, FGB, FGG)
- Factor V (5) Leiden Gene Mutation
- MTHFR (C677T and/or A1298C) Mutations
- Plasminogen Gene Sequencing
- PlateletGenex™ Functional Defect Panel (31 genes)
- Plavix Metabolism Panel (CYP2C19 Genotyping)
- Prothrombin (Factor II) Gene Mutation
- Thrombophilia Genetic Panel
- vWD-Complete Genetic Panel (VWF and GP1BA)

INDIVIDUAL TEST LIST

- ACL (Anticardiolipin - IgG, IgM and IgA)
- ADAMTS-13 Activity ELISA (reflex to Inhibitor)
- ADAMTS-13 Inhibitor and/or Antibody**
- Anti-CFH Autoantibody ELISA
- Antithrombin III Activity and/or Antigen
- Beta-2 Glycoprotein I Antibody
- Dabiagran (PRADAXA) Level
- Euglobulin Clot Lysis Time
- Factor Activity (aPTT-based) test all factors
- Factor Activity (PT-based) test all factors
- Factor VIII (8) IX (9) XI (11) XII (12)
- Factor XI (10) Chromogenic Activity
- Factor XIII (13) Activity (Quantitative)
- Fibrinogen Activity and/or Antigen
- Fondaparinux (ARIXTRA) Level
- Heparin Antibody Panel (ELISA and wp-HIPA)
- Heparin Antibody Reflex (ELISA reflex to wp-HIPA)**
- Heparin Level (anti-Xa method)
- Hexagonal Phospholipid
- Homocysteine**
- Inhibitor to Factor(s) Screen (_)
- Inhibitor to Factor(s) Titer (_)
- Lupus Anticoagulant Screen
- Mixing Study (aPTT)
- Mixing Study (PT)
- aPTT
- aPTT-LA (Lupus Sensitive Reagent)
- Procoagulant Assay
- Protein C Activity and/or Antigen
- Protein S Activity

- Protein S Antigen [Free] and/or [Total]
- Prothrombin Fragment 1.2 (F1.2)
- Prothrombin Time (PT/INR)
- Ristocetin Time (RCP)
- Risto Cofactor Activity (vWF:Activity)
- dRVVT (dilute Russel Viper Venom Time)
- Thrombin Generation - ETP
- Thrombin Time - TCT (confirmed w/ PS)
- Thrombin-Antithrombin (TAT)
- Thromboelastography (TEG)
- TEG: Platelet Mapping
- vWF Activity and/or Antigen
- vWD-Complete Genetic Panel (VWF & GP1BA)
- vWF Multimer (vWF:Multimer)
- wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay)
- Misch: ____________________________

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 Policies. HMO or medical group covered patients may need a prior authorization if they seek reimbursement.

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