

# Machaon Diagnostics

-coagulation, platelets and genetics

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

Second Site (\*\*tests can be sent to either site)  
 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)	
Sex: (circle one)	Date of birth:	SS# or ID#:	Referring physician:		
M / F					
Platelet Count _____ (K/ $\mu$ L), 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 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 Syndrome Criteria Panel (aPTT-LA, dRVVT, Anticardiolipin and Beta-2 Glycoprotein I Antibodies- IgG, IgM, IgA) <input type="checkbox"/> Do not reflex to LA Panel <input type="checkbox"/> Heparin Antibody Panel (TAT <24 Hrs) (Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation]) <input type="checkbox"/> Hypercoagulability / Thrombophilia Panel (STAT <24 Hrs) (Please visit our website for complete testing algorithm) <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"/> Mild Bleeding Work-up (most common tests) (STAT <24 Hrs) (Platelet Aggregation, vWF Profile, Fibrinogen Activity, Thrombin Time, PT/INR) <input type="checkbox"/> Prolonged aPTT / PT Evaluation Work-up (STAT <24 Hrs) (Please visit our website for complete testing algorithm) <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"/> ADAMTS-13 Gene Sequencing <input type="checkbox"/> atypical HUS Genetic Panel (STAT <2 Days) <input type="checkbox"/> Dysfibrinogenemia Genetic Panel (FGA, FGB, FGG) <input type="checkbox"/> Factor V (5) Leiden Gene Mutation <input type="checkbox"/> MTHFR ( <input type="checkbox"/> C677T and/or <input type="checkbox"/> A1298C) Mutations <input type="checkbox"/> Plasminogen Gene Sequencing <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"/> vWD-Complete Genetic Panel (VWF and GPIBA)

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

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 _____ _____