Machaon Diagnostics

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TMA-Complete Genetic Panel Order Form

STAT Turnaround Time: 48 hours, M-F / Routine Turnaround Time: 1 week

MachaonDiagnostics.com
1-800-566-3462

PATIENT INFORMATION (complete or attach)

Patient's Name: (Last, First, M.I.)	Gender: (*circle one*) M / F
Specimen Date: (MM/DD/YY) Time: AM / PM	Date of Birth: (MM/DD/YY)
Medical Record / ID#:	Patient's Social Security #:

SUBMITTING FACILITY

Facility Phone Number: Fax Number for Results:

ORDERING PHYSICIAN INFORMATION

Physician's Name: (Last, First, M.I.)	Physician's NPI:
Contact Phone Number:	Fax Number for Results:

Physician's direct phone number to call results: (***highly encouraged***)

BILLING INFORMATION

Bill to: ☐ Facility / Inpatient or Outpatient

Bill to: ☐ Insurance / Outpatient — Currently, there is no payable outpatient benefit from Medicare or Medicaid for this test.

☐ **STAT** — ***Samples shipped for weekend arrival must be ordered STAT.*** *Mark FedEx Airbill for 'SATURDAY Delivery.'*

CLINICAL INFORMATION (if available)

ADAMTS-13: ______ (%) Inhibitor: + / --

Note: We offer this test with a 24-hour turnaround time. Please call for draw kits.

Has this patient had a bone marrow transplant? Yes / No / unknown

PLT Count: ______ (K/µL)	Shiga toxin: + / --	Eculizumab therapy:
Hemoglobin: ______ (mg/dL)	LDH: ________ (U/L)	Yes / No

Ethnicity: (*circle one*) European, African, Latino, East Asian, South Asian or other:___________________________________

TEST SELECTION

☐ TMA-Complete Genetic Panel — Methodology: *Rapid Next Generation sequencing of 20 genes, one SNP*

Genes sequenced: ADAMTS13, C2, C3, C3AR1, CD46 (MCP), CFB, CFD, CFH, CFHR1, CFHR2, CFHR3, CFHR4, CFHR5, CFI, DGKE, MASP2, MMACHC, THBD, PLG, WT1 and C5 p.Arg885

☐ CFH Autoantibody — Ordered reflexively when associated deletions are identified.

Specimen Collection, Processing and Shipping / call for draw kits (free shipping included)

1. Draw 1 lavender top tube (EDTA) and store and ship at room temperature.
2. Mix tube by inversion, gently to ensure proper mixing.
3. Label tube with patient first and last name, draw date and DOB.
4. Enclose tube in Styrofoam box and seal in biohazard bag.
5. Complete this form and attach insurance billing information.
6. Place all forms into document sleeve of the biohazard bag.
7. Ensure that no patient-specific information is visible.
8. Place biohazard bag into the provided FedEx Clinical Pak.
9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.
10. Call FedEx 800-238-5355 for a pick-up.

Patient Authorization: ***Yes / No*** *if you authorize Machaon Diagnostics to use your deidentified laboratory data and sample for research to learn more about this rare disease and facilitate the education of our physician clients.*

OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)

Insurance Company: (***Medicare patients must sign ABN on reverse***)		
Insurance Policy / Medicare Number:	Insurance Group Number:	
Insurance Company Address:	Authorization Number:	
Insurance Company City:	State:	Zip Code:

Patient Address:	Patient Phone Number:	
Patient City:	State:	Zip Code:

DIAGNOSIS CODE(S):

(Please complete medical necessity form.)

ICD-10 Code:	ICD-10 Code:	ICD-10 Code:

OUTPATIENT ONLY: PATIENT SIGNATURE

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. This test is currently not covered or reimbursed by Medicare or Medicaid. The aHUS Genetic Panel is $2,978 and if ordered STAT, add $700; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.

Patient's Signature:

X: _________________________________ Date: ______________.

ADDITIONAL INFORMATION

Machaon Diagnostics is a specialized coagulation and platelet laboratory that provides comprehensive clinical evaluations of bleeding and clotting patients. Most evaluations can be completed within 24 hours, 7 days a week. Machaon Diagnostics is a California-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services. This test is not covered or reimbursed by Medicare or Medicaid. All patients 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 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.

MDI Use: (Order number): ______________________ (Number of aliquots): __________________