Machaon Diagnostics

ADAMTS13 Test Order Form

National Service with Labs in California and Louisiana
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TAT <24 hours, 7 days a week; order STAT for weekend testing

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 direct phone number to call results: (*called within 24 hours*)

Fax Number for Results:

BILLING INFORMATION

Bill to: □ Facility □ Insurance □ Patient □ Medicare

Patient status: □ Inpatient □ Outpatient

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

CLINICAL INFORMATION (*if available*)

Last Plasma Infusion Date: (MM/DD/YY)		LDH: (U/L)
Creatinine: (mg/dL)	PLT Count: (K/µL)	Hemoglobin: (g/dL)

Clinical Suspicion: (circle one)
TMA / TTP / HUS / Shiga toxin-related HUS / aHUS / Other
(Call lab with ADAMTS13 Gene Sequencing requests)

TEST SELECTION

☐ ADAMTS13 Activity reflex Inhibitor	*Reflexes to Antibody*
☐ ADAMTS13 Activity, Inhibitor and Antibody	
☐ Reflex to aHUS Genetic Panel when ADAMTS13 Activity is >5% (3mL EDTA whole blood sample required)	

SPECIMEN COLLECTION, PROCESSING AND SHIPPING / *call for draw kits (free shipping)*

Specimen Collection and Processing	Specimen Shipping
1. Draw 1 blue top tube (3.2% sodium citrate).	6. Place all forms into document sleeve of the biohazard bag.
2. Spin tube for cell-free plasma (approx. 15 minutes at 2000 x *g*).	7. Ensure that no patient-specific information is visible.
3. Transfer approximately 1mL into the provided sample tube.	8. Place biohazard bag into the provided FedEx Clinical Pak.
4. Label tube with patient first and last name, draw date and DOB.	9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.
5. Enclose tube in Styrofoam 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 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):

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. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. The activity test is $248 and reflexes to the inhibitor ($530) and antibody test ($250); 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. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. 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 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):_____

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