

Machaon Diagnostics

coagulation, platelets, rare disease 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 Lab (**samples can be sent directly)
Medical Director: Gloria Coker, MD
8721 Oak Street, New Orleans, LA 70118
Phone: (504) 866-7090 / Fax: (504) 866-7091

MachaonDiagnostics.com
Toll-free: (800) 566-3462

PATIENT HISTORY

Patient's Name: (Last, First, M.I.) <i>required</i>			Specimen Date and Time: <i>required</i>
Sex: <i>required</i> M F	DOB: <i>required</i>	MRN: <i>required</i>	Ordering Provider: <i>required</i>
Platelet Count _____ (K/ μ L), aPTT _____ (sec.), PT _____ (sec.), INR _____ Hematocrit _____ (%), Bleeding History _____ (Y/N), Clotting History _____ (Y/N)			
Patient is anticoagulated		Please specify:	
Patient is on antiplatelet medication		coumadin LMWH UFH apixaban rivaroxaban	
Patient is on Hemlibra therapy		dabigatran fondaparinux other	
		Aspirin Plavix Brilinta other	

SUBMITTING FACILITY

Facility Name and Address: <i>required</i>
Phone: <i>required</i>
Fax for results: <i>required</i>
<input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> ROUTINE ICD-10 _____

PANEL TESTING

- Antiphospholipid Syndrome Criteria Panel (aPTT-LA, dRVVT, Anticardiolipin and Beta-2 Glycoprotein I Antibodies- IgG, IgM, IgA) Do not reflex to LA Panel
- Heparin Antibody Panel (TAT <24 Hrs)
(Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])
- Hypercoagulability / Thrombophilia Panel (STAT <24 Hrs)
(Please visit our website for complete testing algorithm)
- Lupus Anticoagulant Screen (ACL, dRVVT, aPTT-LA) Do not reflex to LA Panel
 Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, dRVVT, Thrombin Time and PT/INR)
- Mild Bleeding Work-up (most common tests) (STAT <24 Hrs)
(Platelet Aggregation, VWF Profile, Fibrinogen Activity, Thrombin Time, PT/INR)
- Prolonged aPTT / PT Evaluation Work-up (STAT <24 Hrs)
(Please visit our website for complete testing algorithm)
- von Willebrand Factor Profile Do not reflex to VWF:Multimer (STAT <24 Hrs)
(Factor VIII Activity, VWF:Antigen, VWF:RCO, aPTT and if indicated, VWF:Multimer)

SELECT GENETIC PANEL TESTING

- Alport Syndrome Genetic Panel (3 genes)
- aHUS Genetic Panel (STAT <2 Days)
- C3 Glomerulopathy Genetic Panel (6 genes)
- Dysfibrinogenemia Genetic Panel (FGA, FGB, FGG)
- Hemophagocytic Lymphohistiocytosis (HLH) Genetic Panel
- Hemophilia-Complete™ Genetic Panel (F8, F9, VWF, inversions)
- PlateletGenex™ Functional Defect Panel (31 genes)
- PlateletGenex™ Thrombocytopenia Panel (26 genes)
- Polycystic Kidney Disease (PKD) Genetic Panel (2 genes)
- TMA-Complete™ Genetic Panel (STAT <2 Days)
- VWD-Complete™ Genetic Panel (VWF and GP1BA)

TEST LIST

- | | | |
|---|--|--|
| <input type="checkbox"/> ACL (Anticardiolipin - IgG, IgM and IgA) | <input type="checkbox"/> Heparin Level (anti-Xa method) (indicate type above) | <input type="checkbox"/> Prothrombin Fragment 1.2 |
| <input type="checkbox"/> ADAMTS13 Activity (reflexes to Inhib and Ab) | <input type="checkbox"/> Hexagonal Phospholipid (STACLOT-LA) | <input type="checkbox"/> Prothrombin Gene Mutation |
| <input type="checkbox"/> ADAMTS13 Panel (Activity, Inhibitor and Antibody) | <input type="checkbox"/> Homocysteine | <input type="checkbox"/> Prothrombin Time <input type="checkbox"/> Reflex to work-up |
| <input type="checkbox"/> ADAMTS13 Gene Sequencing | <input type="checkbox"/> HPP/OI Genetic Panel (Hypophosphatasia) | <input type="checkbox"/> PS Antibody (phosphotidylserine; IgG, IgM) |
| <input type="checkbox"/> Anti-CFH Autoantibody | <input type="checkbox"/> Inhibitor to Factor(s) _____ (Bethesda Units) | <input type="checkbox"/> PS/PT Antibody (IgG, IgM) |
| <input type="checkbox"/> Antithrombin III Activity and/or <input type="checkbox"/> Antigen | <input type="checkbox"/> Inhibitor to F8 (Hemlibra-specific Nijmegen Bethesda) | <input type="checkbox"/> Rivaroxaban (Xarelto) Level |
| <input type="checkbox"/> Apixaban (Eliquis) Level | <input type="checkbox"/> Mixing Study (aPTT) - reflex to incubated mix | <input type="checkbox"/> dRVVT (dilute Russel Viper Venom Time) |
| <input type="checkbox"/> Beta-2 Glycoprotein I Antibody | <input type="checkbox"/> Mixing Study (PT) | <input type="checkbox"/> Soluble Complement 5b-9 (sC5b-9) |
| <input type="checkbox"/> Beta-2 Glycoprotein I - Domain 1 Antibody | <input type="checkbox"/> MTHFR <input type="checkbox"/> C677T and/or <input type="checkbox"/> A1298C Mutations | <input type="checkbox"/> Thrombin Generation (profile w/ ETP) |
| <input type="checkbox"/> Euglobulin Clot Lysis Time | <input type="checkbox"/> aPTT <input type="checkbox"/> Reflex to work-up | <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"/> aPTT-LA (Lupus Sensitive Reagent) | <input type="checkbox"/> Thrombin-Antithrombin (TAT) |
| <input type="checkbox"/> <input type="checkbox"/> VIII (8) <input type="checkbox"/> IX (9) <input type="checkbox"/> XI (11) <input type="checkbox"/> XII (12) | <input type="checkbox"/> Plasminogen Activity and/or <input type="checkbox"/> Autoantibody | <input type="checkbox"/> Thrombophilia Genetic Panel (11 genes) |
| <input type="checkbox"/> Factor Activity (PT-based) <input type="checkbox"/> test all factors | <input type="checkbox"/> Plasminogen Gene Sequencing | <input type="checkbox"/> Thromboelastography (TEG) |
| <input type="checkbox"/> <input type="checkbox"/> II (2) <input type="checkbox"/> V (5) <input type="checkbox"/> VII (7) <input type="checkbox"/> X (10) | <input type="checkbox"/> PAI-1 Activity and/or <input type="checkbox"/> PAI-1 Gene Sequence | <input type="checkbox"/> Thromboelastometry (ROTEM) |
| <input type="checkbox"/> Factor V (5) Leiden Gene Mutation | <input type="checkbox"/> Platelet Antibody ID: Direct () and/or Indirect () | <input type="checkbox"/> TEG - Platelet Mapping |
| <input type="checkbox"/> Factor VIII (8) Chromogenic Activity (bovine) | <input type="checkbox"/> Platelet Aggregation Study - LTA** | <input type="checkbox"/> VWF Activity (Ristocetin cofactor) |
| <input type="checkbox"/> Factor VIII (8) Gene Sequencing and Inversions Assay | <input type="checkbox"/> Platelet ATP / Granule Release Study** | <input type="checkbox"/> VWF Activity (GP1BM-based) |
| <input type="checkbox"/> Factor IX (9) Gene Sequencing | <input type="checkbox"/> Platelet Aggregation - RIPA (Ristocetin-induced)** | <input type="checkbox"/> VWF Antigen |
| <input type="checkbox"/> Factor XIII (13) Activity and/or <input type="checkbox"/> Gene Sequencing | <input type="checkbox"/> Platelet Electron Microscopy Study | <input type="checkbox"/> VWF Multimer (VWF:Multimer) |
| <input type="checkbox"/> Fibrinogen Activity and/or <input type="checkbox"/> Antigen | <input type="checkbox"/> Plavix Sensitivity - LTA and/or <input type="checkbox"/> Genotype Assay | <input type="checkbox"/> wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay) |
| <input type="checkbox"/> Hemlibra-specific Factor VIII (8) Activity | <input type="checkbox"/> Protein C Activity and/or <input type="checkbox"/> Antigen | |
| <input type="checkbox"/> Heparin Antibody Confirmation (wp-HIPA) | <input type="checkbox"/> Protein S Activity | |
| <input type="checkbox"/> Heparin Antibody Reflex (ELISA reflex to wp-HIPA) | <input type="checkbox"/> Protein S Antigen [Free] and/or <input type="checkbox"/> [Total] | Misc. _____ |

ADDITIONAL INFORMATION

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 reimbursement.

MACHAON USE ONLY

Specimen type received: _____ Aliquots: _____
 Specimen type received: _____ Aliquots: _____
 Tech initials: _____ Specimen received stamp: _____