



**Machaon Diagnostics**  
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Berkeley, CA 94710  
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Fax: (510) 839-6153

**Louisiana Coagulation**  
8721 Oak Street  
New Orleans, LA 70118  
Phone: (504) 866-7090  
Fax: (504) 866-7091

## Real Time Result Notification for Providers

The completion of this form will allow Machaon Diagnostics to send the healthcare provider direct notifications and results. Text notifications will alert you of available results, and reports will be delivered simultaneously via a HIPAA-compliant encrypted email. Results are sent as soon as they are finalized and published in our laboratory information system.

Facility Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
Last First MI Suffix

I would like to receive notifications for these results when completed by:  Text  Email

- All tests
- ADAMTS13 Activity, Inhibitor, and Antibody Titer
- Heparin Antibody (ELISA and Functional Confirmation)
- Other coagulation, platelet, and genetic tests (Please specify):

\_\_\_\_\_  
\_\_\_\_\_

- Only notify me of critical results

### Contact Information:

Cell Phone Number\*: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone Carrier (required for set-up)

Check One:  AT&T  T-Mobile  Verizon  Other \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Machaon Diagnostics respects your privacy. Your cell phone number will be kept confidential and will not be shared for marketing or sales purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Please contact Machaon Diagnostics at 1(800) 566-3462 with any changes to your email address, phone number, or cell phone carrier to maintain continuity of service.

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**Office Use: Forward completed form to IT Department (Attn: Brandon)**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_