

Machaon Diagnostics

Alport Genetic Panel Order Form

National Service with Labs in California and Louisiana
 Medical Director: Brad H. Lewis, MD (Berkeley, CA lab)
 Medical Director: Gloria Coker, MD (New Orleans, LA lab)
 Phone: (510) 839-5600 Fax: (510) 839-6153

Routine Turnaround Time: 1 week

MachaonDiagnostics.com
 1-800-566-3462

PATIENT INFORMATION (complete or attach)			SUBMITTING FACILITY		
Patient's Name: (Last, First, M.I.) <i>required</i>		Sex: <i>required</i> M F	Facility Name and Address: <i>required</i>		
Specimen Date and Time: <i>required</i>		DOB: <i>required</i>	Facility Phone Number: <i>required</i> Fax Number for Results: <i>required</i>		
MRN: <i>required</i>		Accession #:			
ORDERING PHYSICIAN INFORMATION			BILLING INFORMATION		
Physician's Name: (Last, First, M.I.) <i>required</i>		Physician's NPI:	Bill to: <input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <i>All inpatient testing is billed to facility</i>		Currently, there is no payable outpatient benefit from Medicare or Medicaid for this test.
Contact Phone Number:		Fax Number for Results:	Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
Physician's direct phone number to call results: (<i>highly encouraged</i>)			<input type="checkbox"/> STAT <i>Samples shipped for weekend arrival must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'</i>		
CLINICAL INFORMATION (if available)			TEST SELECTION		
Current Pregnancy? Yes No		Has a biopsy been performed? Yes No	<input type="checkbox"/> Alport Genetic Panel		Methodology: <i>Rapid Next Generation sequencing of 3 genes</i>
Creatinine Level:	Proteinuria? Yes No	Hematuria? Yes No	Genes included: COL4A3, COL4A4, COL4A5		
SPECIMEN COLLECTION, PROCESSING AND SHIPPING / call for draw kits (free shipping)					
Specimen Collection and Processing			Specimen Shipping		
1. Draw 1 lavender top tube (EDTA).			6. Place all forms into document sleeve of the biohazard bag.		
2. Mix tube by inversion, gently to ensure proper mixing.			7. Ensure that no patient-specific information is visible.		
3. Label tube with patient first and last name, draw date and DOB.			8. Place biohazard bag into the provided FedEx Clinical Pak.		
4. Enclose tube in Styrofoam box and seal in biohazard bag.			9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.		
5. Complete this form and attach insurance billing information.			10. Call FedEx 800-238-5355 for a pick-up.		
Note: Samples can be shipped room temperature or refrigerated. Please call for guidance.					
OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)					
Insurance Company: (<i>Medicare patients must sign ABN</i>)			Patient Address:		Patient Phone Number:
Insurance Policy / Medicare Number:		Insurance Group Number:	Patient City:		State: Zip Code:
Insurance Company Address:			Authorization Number:		
Insurance Company City:		State:	Zip Code:		
DIAGNOSIS CODE(S):			OUTPATIENT ONLY: PATIENT SIGNATURE		
ICD-10 Code: ICD-10 Code: ICD-10 Code:			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 Alport Syndrome Genetic Panel is \$2,978; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.		
ICD-10 Code: ICD-10 Code: ICD-10 Code:			Patient's Signature: _____ Date: _____		
ICD-10 Code: ICD-10 Code: ICD-10 Code:			X: _____ Date: _____		
ADDITIONAL INFORMATION					
Machaon Diagnostics is a specialized coagulation, platelet and genetic laboratory providing 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.					