

# Machaon Diagnostics

# COVID-19 Antibody Testing Form

National Service with Labs in California and Louisiana  
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Turnaround Time: Mon-Fri: Routine 3 days, STAT <24 hours

MachaonDiagnostics.com  
 1-800-566-3462

| PATIENT INFORMATION (complete or attach)   |  | SUBMITTING FACILITY  |  |
|--|--|--|--|
| Patient's Name: (Last, First, M.I.) <i>required</i>  | Sex: (circle one) <i>required</i><br>M / F / unknown   | Facility Address: <i>required</i>  |  |
| Specimen Date and Time: <i>required</i>  | DOB: (MM/DD/YYYY) <i>required</i>  | Facility Phone Number: <i>required</i> Fax Number for Results: <i>required</i>   |  |
| MRN# / ID#: <i>required</i>  | Accession #: <i>required</i>   |  |  |
| ORDERING PHYSICIAN INFORMATION   |  | BILLING INFORMATION  |  |
| Physician's Name: (Last, First, M.I.)  | Fax Number for Results:  | <b>Bill to:</b> <input type="checkbox"/> Facility / Self-pay (only options currently)  |  |
| Physician's direct phone number to call results:   |  | <b>Patient status:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient  |  |
| Physician's Address: (please complete if different from facility address)  |  | <input type="checkbox"/> <b>STAT</b> <i>Samples shipped for weekend arrival must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'</i>  |  |
| CLINICAL INFORMATION (if available)  |  | COVID-19 ANTIBODY TEST SELECTION   |  |
| Race / Ethnicity:<br><i>Hispanic Non-Hispanic</i><br><i>American Indian/Alaska Native (AI)</i><br><i>Asian (A) Black (B) White (W)</i><br><i>Pacific Islander (PI) Other (O) Unknown (U)</i>   | COVID-19 Genetic Result:<br>Positive Negative Unknown  | <b>POST VACCINATION / INFECTION</b>  | <b>POST INFECTION</b>  |
|  | Start of Symptoms:   | <input type="checkbox"/> Spike (IgG) - Qualitative   | <input type="checkbox"/> Nucleocapsid (IgG) - Qualitative              |
| Clinical Indication:<br>Assessment of immune response<br>Suspect prior exposure to SARS-CoV-2<br>Confirm diagnosis: _____  | Post Vaccination:<br>Date Administered: _____<br>Moderna/Pfizer: 1st Dose 2nd Dose<br>Johnson & Johnson Other: _____ | <input type="checkbox"/> Spike (IgG) - Titer   | <input type="checkbox"/> Nucleocapsid (IgG) - Titer                    |
| SPECIMEN COLLECTION, PROCESSING AND SHIPPING / call for draw kits (free shipping)  |  |  |  |
| Specimen Collection and Processing   |  | Specimen Shipping  |  |
| 1. Draw 1 red top (serum or serum-separator) tube.   | 2. Spin tube for serum (approx. 15 minutes at 2000 x g).   | 6. Place all forms into document sleeve of the biohazard bag.  | 7. Ensure that no patient-specific information is visible.             |
| 3. Transfer approximately 1mL into the provided sample tube.   | 4. Label tube with patient first and last name, draw date and DOB.   | 8. Place biohazard bag into the provided FedEx Clinical Pak.   | 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.   |  |
| <b>Note: Samples can be shipped room temperature, frozen or refrigerated. Please call for guidance.</b>  |  |  |  |
| PATIENT CONTACT TRACING INFORMATION  |  | PUBLIC HEALTH REPORTING RESPONSIBILITY   |  |
| Patient e-mail address:  |  | Machaon Diagnostics is required to submit patient, referring physician, submitting facility, test results and other information to the California Department of Public Health and other state health departments. Federal institutions may also require Machaon Diagnostics to submit this information. Machaon Diagnostics may need to obtain additional information from the submitting facility, referring physician and patient to complete these services.<br><br><b>Electronic Laboratory Reporting</b> is automated and occurs daily following result reporting to submitting facility.<br><br>If you have questions about this process or you are interested in establishing this service for a hospital or group, please contact our client services department at (800) 566-3462 or <a href="mailto:info@MachaonDiagnostics.com">info@MachaonDiagnostics.com</a> . |  |
| Patient Phone Number:  |  |  |  |
| Patient Address:   |  |  |  |
| City:  | State:   |  |  |
| <b>DIAGNOSIS CODE(S):</b>  |  |  |  |
| ICD-10 Code:   | ICD-10 Code:   | ICD-10 Code:   |  |
| ADDITIONAL INFORMATION   |  |  |  |
| Machaon Diagnostics is a specialized coagulation, platelet, rare disease and genetic laboratory that provides comprehensive clinical evaluations of patients. Most evaluations can be completed within 24 hours, 7 days a week. Machaon Diagnostics is a multi-state-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services. For more information please visit <a href="http://www.MachaonDiagnostics.com">www.MachaonDiagnostics.com</a> or call (800) 566-3462. |  |  |  |