

# Machaon Diagnostics

*coagulation, platelets, rare disease and genetics*  
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## HLH Genetic Panel Order Form

**STAT Turnaround Time: 48 hours, M-F / Routine Turnaround Time: 1 week**

MachaonDiagnostics.com  
 1-800-566-3462

<b>PATIENT INFORMATION (complete or attach)</b>			<b>SUBMITTING FACILITY</b>		
Patient's Name: (Last, First, M.I.) <i>required</i>		Gender: <i>required</i> M F	Facility Name and 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: <i>required</i>		Accession #: <i>required</i>			
<b>ORDERING PHYSICIAN INFORMATION</b>			<b>BILLING INFORMATION</b>		
Physician's Name: (Last, First, M.I.) <i>required</i>		Physician's NPI:	Bill to: <input type="checkbox"/> Facility / Inpatient or Outpatient		
Contact Phone Number:		Fax Number for Results:	Bill to: <input type="checkbox"/> Insurance / Outpatient		Please inquire with our patient advocates regarding insurance coverage for this test.
Physician's direct phone number to call results: ( <i>highly encouraged</i> )			<input type="checkbox"/> <b>STAT</b> STAT required for 48-hour turnaround time, M-F		
<b>CLINICAL INFORMATION (if available)</b>			<b>TEST SELECTION</b>		
soluble IL-2R (CD25): _____ (U/mL) Ferritin: _____ (ng/mL) Triglycerides: _____ (mg/dL)		Has this patient had a bone marrow transplant? Yes No unknown	<input type="checkbox"/> <b>HLH Genetic Panel</b>		Methodology: Next Generation Sequencing and PCR/gel electrophoresis
Hemophagocytosis: Present Not present NK Function: _____ (%)		Neutrophil count: _____ (K/ $\mu$ L) Platelet count: _____ (K/ $\mu$ L)	<b>36 Genes included: ADA, AP3B1, BLOC1S6, CD27, CD70, CGD, CORO1A, CTPS1, FADD, FAS, FASLG, GATA2, IL2RA, IL2RG, ITK, LAMP1, LIPA, LYST, MAGT1, MEFV, MVK, NLRC4, NLRP3, PNP, PRF1, RAB27A, SH2D1A, SLC7A7, STX11, STXBP2, TBXAS1, TNFRSF1A, UNC13D, WAS, XIAP, XLA and UNC13D 253-kb inversion</b>		
Ethnicity: European African Latino East Asian South Asian or other: _____					
<b>Specimen Collection, Processing and Shipping / call for draw kits (free shipping included)</b>					
1. Draw 1 lavender top tube (EDTA) and store and ship at room temperature.		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.			
Please check box(es) to have a Machaon representative contact your facility regarding our real-time resulting solutions: <input type="checkbox"/> text notification result / <input type="checkbox"/> e-mailed secure results / <input type="checkbox"/> contract-discount pricing / <input type="checkbox"/> LIS interface or web portal					
<b>OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)</b>					
Insurance Company: ( <i>Medicare patients must sign ABN on reverse</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:		
<b>DIAGNOSIS CODE(S):</b>		<b>(Please complete medical necessity form.)</b>			
ICD-10 Code:		ICD-10 Code:		ICD-10 Code:	
				Patient's Signature: X: _____ Date: _____	
<b>ADDITIONAL INFORMATION</b>					
Machaon Diagnostics is a specialized coagulation, platelet, rare disease and genetics laboratory. We provide clinical and technical consultation to physicians, hospitals and patients. Most consultations can be performed 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. Please inquire with our patient advocates regarding insurance coverage for this test. 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 <a href="http://www.MachaonDiagnostics.com">www.MachaonDiagnostics.com</a> or call (800) 566-3462.					