## Machaon Diagnostics

## PlateletGenex<sup>™</sup> Functional Defect Panel

Routine Turnaround Time: 1 week

MachaonDiagnostics.com 1-800-566-3462

Medical Director: Brad H. Lewis, MD 2023 Eighth Street, Berkeley, CA 94710 Phone: (510) 839-5600 Fax: (510) 839-6153

Patient's Name: (past, First, M.1) required  Sex required  DOB: required  Accession fi:  Facility Phone Number: required  Facility Phone Number: required  Facility Phone Number: Fax Number for Results: required  Facility Phone Number: Fax Number for Results: required  Fax Number for Results:  Bill to:   Facility   Inpatient or Outpatient  Contact Phone Number:  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number to call results: (highly encouraged)  Fax Number for Results:  Bill to:   Insurance   Outpatient  Contact Phone number: (highly encouraged)  Fax Number for Results:  Fax Number for Results: (highly encouraged)  F	PATIENT INFORMATION (complete or attach)					SUBMITTING FACILITY					
Specimen Date and Time: required    DOB: required	Patient's Name: (Last, First, M.I.) required				Facility Name and Address: required						
MRN: required  Accession #: Facility Phone Number: required  Fax Number for Results: required  Physician's Name: (see, Prot. Act.) required  Physician's Mame: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Mame: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Name: (see, Prot. Act.) required  Physician's Mame: (see, Prot.) required  Physician's Mame: (see, Prot. Act.) required  Physician's Mame: (see,	0 1 5 1 1 7										
Physician's Name: (Laux Fiex, M.I) required Physician's NPI:    Bill to:   Facility / Inpatient or Outpatient	Specimen Date and Time: required		DOB: required								
Physician's Name: (Laux Fiex, M.I) required Physician's NPI:    Bill to:   Facility / Inpatient or Outpatient	MPN: required		Aggregion #:		Fooility	, Dhono Nu	mbor: required	Foy N	umbar far Ba	oulto: roquirod	
Physician's Name: (Lest, Field, M.1.) required  Contact Phone Number:  Fax Number for Results:  Bill to:   Insurance / Outpatient  Contact Phone number to call results: (highly encouraged)  Contact Phone number to call results: (highly encouraged)  Contact INFORMATION (if available)  Granule Release Defect? Yes No Note: Please attach a list of current medications and detary supplements: Note: Please attach a list of current medications and detary supplements: (mg/dL)   PFA-100 Results: normal attention of the many interest and detary supplements: Note: Please attach a list of current medications and detary supplements: Note: Please attach a list of current medications and detary supplements: (mg/dL)   PFA-100 Results: normal attention in the principle in the pr	MIXIN. Tequiled		Accession #.		Fax Number for Results. Tequired						
Contact Phone Number:   Fax Number for Results:   Bill to:   Insurance / Outpatient   Coursely, there is no payable outpatient   Coursely, the outpatient   Coursely, there is no payable outpatient   Coursely, the payable outpatient   Coursely, the outpatient   Cou	ORDERING PHYSICIAN INFORMATION				BILLING INFORMATION						
Bill to:   Insurance / Outpatient   Outpat	Physician's Name: (Last, First, M.I.) required		Physician's NPI:		Bill to:   Facility / Inpatient or Outpatient						
CLINICAL INFORMATION (if available)  TEST SELECTION  Methodology: Rapid Next Generation and deal policy personal disease personal disease personal disease personal disease personal disease supplements.  PLT Count: (K/µL)   PFA-100 Results: normal abnormal personal disease personal disease supplements.  PLT Count: (M/µL)   PFA-100 Results: normal abnormal personal personal disease supplements.  PLT Count: (M/µL)   PFA-100 Results: normal abnormal personal personal personal disease supplements.  PLT Count: (M/µL)   PFA-100 Results: normal abnormal personal	Contact Phone Number:		Fax Number for Results:		Bill to:  Insurance / Outpatient outpatient benefit from Me					efit from Medicare	
Has this patient had a bone marrow transplant?   PlateletGenex*TM   Functional Defect Panel   Rapid Note: Rapid Note: Places attach a list of current medications and dietary supplements.   PFA-100 Results: normal abnormal with Pintendence in the provided of the provid	Physician's direct phone number to call results: (highly encouraged)					STAT					
Note: Please attach a list of current medications and dietary supplements.  PLT Count: (KiµL)	CLINICAL INFORMATION (if available)					TEST SELECTION					
Note: Please attach a list of current redications and dietary supplements.  PLT Count:(K/µL)	Note: Please attach a list of current		marrow transplant?			Platelet	Genex <sup>TM</sup>		Meth	odology:	
PLT Count:(K/µL)								anel			
Hemoglobin:(mg/dL)	•	T Count: PFA-100 Results: Abnormal platelet agonists:				s included	: ANO6, AP3B1,	BLOC1S3, BLOC1S	6, DTNBP1, FG	GA, FGB,	
Ethnicity: European African Latino East Asian South Asian or other:    Specimen Collection, Processing and Shipping / Call for draw kits (free shipping included)   Place all forms into document sleeve of the biohazard bag.   Place all forms into document sleeve of the biohazar		noglobin: (mg/dL) VAVE Profile Regults: collagen TRAP			LYST, MYH9, P2RY12, PLA2G4A, PLAU, RASGRP2, TBXA2R, TBXAS1, VIPAS39,						
Functional Confirmation with Platelet Aggregation by LTA  Specimen Collection, Processing and Shipping / call for draw kits (free shipping included)  1. Draw 1 lavender top tube (EDTA) and store and ship at room temperature.  2. Mix tube by inversion, gently to ensure proper mixing.  3. Label tube with patient first and last name, draw date and DOB.  4. Enclose tube in Styroloam box and seal in biohazard bag.  5. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.  5. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.  6. Place all forms into document sleeve of the biohazard bag.  7. Ensure that no patient-specific information is visible.  8. Place biohazard bag into the provided FedEx Clinical Pak.  9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.  10. Call FedEx 800-238-5355 for a pick-up.  Patient Declination:  No; I do not authorize Machaon Diagnostics to use my deidentified laboratory data and sample for research to learn more about rare bleeding and clotting disorders and facilitate the education of our physician clients.  OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)  Insurance Company: (Medicare patients must sign ABN)  Patient Address: Patient City: State: Zip Code:  Insurance Company Address: Authorization Number:  OUTPATIENT ONLY: PATIENT SIGNATURE  Insurance Company City: State: Zip Code:  DIAGNOSIS CODE(S): (Please complete medical necessity form.)  (Please complete medical necessity form.)  Patient's Signature:  Signature:  Signature:  X: Date:  Date:  Date:  Date:  Patient's Signature:  X: Date:  X:			ristocetin thrombin								
or other:	Ethnicity: European African Latino East Asian South Asian					Function	nal Confirma	tion with			
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1. Draw 1 lavender top tube (EDTA) and store and ship at room temperature. 2. Mix tube by inversion, gently to ensure proper mixing. 3. Label tube with patient first and last name, draw date and DOB. 4. Enclose tube in Styrofoam box and seal in biohazard bag. 5. Complete this form and attach insurance billing information.  Patient Declination: □ No; I do not authorize Machaon Diagnostics to use my deidentified laboratory data and sample for research to learn more about rare bleeding and clotting disorders and facilitate the education of our physician clients.  OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)  Insurance Company: (Medicare patients must sign ABN)  Insurance Policy / Medicare Number:  Insurance Company Address:  Authorization Number:  DIAGNOSIS CODE(S):  (Please complete medical necessity form.)  ICD-10 Code:  ICD-10 Code:  ICD-10 Code:  ICD-10 Code:  ICD-10 Code:  OR Place all forms into document sleeve of the biohazard bag.  7. Ensure that no patient-specific information is visible.  8. Place biohazard bag into the provided FedEx Altbill and affix Airbill pouch to Pak.  Complete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the provided FedEx Altbill and affix Airbill pouch to Pak.  Camplete the education of our physician clients.  Patient Address:  Patient City:  State:  Zip 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 untorize payment directly to Machaon Diagnostics. This test is currently not covered by my healthcare insurer.  ICD-10 Code:  ICD-10 Code:  ICD-10 Code:  ICD-10 Code:  Patient'Signature:  X:  Date:											
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Machaon Diagnostics is a specialized coagulation and platelet laboratory that provides 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.

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