



Northern California Lab
Medical Director: Brad Lewis, MD
2023 Eighth Street, Berkeley, CA 94710
Phone: (510) 839-5600 / Fax: (510) 839-6153

New Orleans Lab (**local samples can be sent directly)
Medical Director: Gloria Coker, MD
8721 Oak Street, New Orleans, LA 70118
Phone: (504) 866-7090 / Fax: (504) 866-7091

PATIENT HISTORY

Patient's Name: (Last, First, M.I.)*

Sex:*	DOB:*	MRN:*	Ordering Provider: (Last, First)*
M F			

Platelet Count _____ (K/ μ L), aPTT _____ (sec.), PT _____ (sec.), INR _____
Hematocrit _____ (%), Bleeding History _____ (Y/N), Clotting History _____ (Y/N)

☐ Patient is anticoagulated Please specify:
☐ Patient is on antiplatelet medication ☐ coumadin ☐ LMWH ☐ UFH ☐ apixaban ☐ rivaroxaban
☐ Patient is on Hemlibra therapy ☐ dabigatran ☐ fondaparinux ☐ other _____
☐ Aspirin ☐ Plavix ☐ Brilinta ☐ other _____

SUBMITTING FACILITY

Client Account #:

Facility Name and Address:*

*= REQUIRED

Phone:*

Fax for results:*

☐ STAT ☐ Sponsored Testing ☐ Insurance Billing (please complete form)**PANEL TESTING**

- ☐ **LA Coag Antiphospholipid Antibody Panel** (PT/INR, aPTT, aPTT-LA, ACL, Beta-2 GPI and PS Antibodies- IgG, IgM, IgA) ☐ Do not reflex to LA Panel
- ☐ **Antiphospholipid Syndrome Criteria Panel** (aPTT-LA, dRVVT, Anticardiolipin and Beta-2 Glycoprotein I Antibodies- IgG, IgM, IgA) ☐ Do not reflex to LA Panel
- ☐ **Heparin Antibody Panel** (TAT <24 Hrs)
(Immunologic [ELISA] and Functional [washed-platelet Heparin-induced Platelet Activation])
- ☐ **Hypercoagulability / Thrombophilia Panel** (STAT <24 Hrs)
(Please visit our website for complete testing algorithm)
- ☐ **Lupus Anticoagulant Screen** (ACL, dRVVT, aPTT-LA) ☐ Do not reflex to LA Panel
☐ Panel (ACL, aPTT Mixing Study, Lupus Anticoagulant Index, dRVVT, Thrombin Time and PT/INR)
- ☐ **Mild Bleeding Work-up (most common tests)** (STAT <24 Hrs)
(Platelet Aggregation, VWF Profile, Fibrinogen Activity, Thrombin Time, PT/INR)
- ☐ **Prolonged aPTT / PT Evaluation Work-up** (STAT <24 Hrs)
(Please visit our website for complete testing algorithm)
- ☐ **von Willebrand Factor Profile** ☐ Do not reflex to VWF:Multimer (STAT <24 Hrs)
(Factor VIII Activity, VWF:Antigen, VWF:RCO, aPTT and if indicated, VWF:Multimer)

GENETIC PANEL TESTING (STAT <2 DAYS)

- ☐ **ADAMTS13 Gene Sequencing** (1 genes)
- ☐ **Alport Syndrome Genetic Panel** (3 genes)
- ☐ **aHUS Genetic Panel 2.0** (20 genes)
- ☐ **C3 Glomerulopathy Genetic Panel** (6 genes)
- ☐ **Dysfibrinogenemia Genetic Panel** (3 genes, FGA, FGB, FGG)
- ☐ **HLH Genetic Panel 3.0** (32 genes) ☐ Reflex to HLH Extended Panel
- ☐ **Hemophilia-Complete™ Genetic Panel** (F8, F9, VWF, inversions)
- ☐ **PlateletGenex™ Functional Defect Panel** (31 genes)
- ☐ **PlateletGenex™ Thrombocytopenia Panel** (26 genes)
- ☐ **Polycystic Kidney Disease (PKD) Genetic Panel** (2 genes)
- ☐ **TMA-Complete™ Genetic Panel 2.0** (20 genes)
- ☐ **CoagGenex Clotting Genetic Panel** (29 genes)
- ☐ **VWD-Complete™ Genetic Panel** (VWF and GP1BA)

TEST LIST

- | | | |
|---|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> ACL (Anticardiolipin - IgG, IgM and IgA)<input type="checkbox"/> ADAMTS13 Activity (reflexes to Inhib and Ab)**<input type="checkbox"/> ADAMTS13 Panel (Activity, Inhibitor and Antibody)<input type="checkbox"/> ADAMTS13 Gene Sequencing<input type="checkbox"/> Anti-CFH Autoantibody<input type="checkbox"/> Antithrombin III Activity and/or <input type="checkbox"/> Antigen<input type="checkbox"/> Apixaban (Eliquis) Level<input type="checkbox"/> B2GPI (Beta-2 Glycoprotein I - IgG, IgM and IgA)<input type="checkbox"/> CXCL9 Level<input type="checkbox"/> Euglobulin Clot Lysis Time<input type="checkbox"/> Factor Activity (aPTT-based) <input type="checkbox"/> test all factors
<input type="checkbox"/> VIII (8) <input type="checkbox"/> IX (9) <input type="checkbox"/> XI (11) <input type="checkbox"/> XII (12)<input type="checkbox"/> Factor Activity (PT-based) <input type="checkbox"/> test all factors
<input type="checkbox"/> II (2) <input type="checkbox"/> V (5) <input type="checkbox"/> VII (7) <input type="checkbox"/> X (10)<input type="checkbox"/> Factor V (5) Leiden Gene Mutation<input type="checkbox"/> Factor VIII (8) Chromogenic Activity (bovine)**<input type="checkbox"/> Factor VIII (8) Gene Sequencing and Inversions Assay<input type="checkbox"/> Factor IX (9) Gene Sequencing<input type="checkbox"/> Factor XIII (13) Activity and/or <input type="checkbox"/> Gene Sequencing<input type="checkbox"/> Fibrinogen Activity and/or <input type="checkbox"/> Antigen<input type="checkbox"/> Hemlibra-specific Factor VIII (8) Activity**<input type="checkbox"/> Heparin Antibody Confirmation (wp-HIPA)<input type="checkbox"/> Heparin Antibody Reflex (ELISA reflex to wp-HIPA)** | <ul style="list-style-type: none"><input type="checkbox"/> Heparin Level (anti-Xa method) (indicate type above)<input type="checkbox"/> Hexagonal Phospholipid (STACLOT-LA)**<input type="checkbox"/> Homocysteine<input type="checkbox"/> HPP/OI Genetic Panel (Hypophosphatasia)<input type="checkbox"/> Inhibitor to Factor(s) (Bethesda Units)
<input type="checkbox"/> VIII (8) <input type="checkbox"/> IX (9) <input type="checkbox"/> XI (11) <input type="checkbox"/> XII (12)
<input type="checkbox"/> II (2) <input type="checkbox"/> V (5) <input type="checkbox"/> VII (7) <input type="checkbox"/> X (10)<input type="checkbox"/> Inhibitor to F8 (Hemlibra-specific Nijmegen Bethesda) **<input type="checkbox"/> IL-18 Level<input type="checkbox"/> Mixing Study (aPTT) - reflex to incubated mix<input type="checkbox"/> Mixing Study (PT)<input type="checkbox"/> MTHFR <input type="checkbox"/> C677T and/or <input type="checkbox"/> A1298C Mutations<input type="checkbox"/> aPTT <input type="checkbox"/> Reflex to work-up<input type="checkbox"/> aPTT-LA (Lupus Sensitive Reagent)<input type="checkbox"/> Plasminogen Activity and/or <input type="checkbox"/> Autoantibody<input type="checkbox"/> Plasminogen Gene Sequencing<input type="checkbox"/> PAI-1 Activity and/or <input type="checkbox"/> PAI-1 Gene Sequence<input type="checkbox"/> Platelet Aggregation Study (Comprehensive)**<input type="checkbox"/> Platelet ATP / Granule Release Study**<input type="checkbox"/> Platelet Aggregation - ASA (Aspirin Sensitivity)**<input type="checkbox"/> Platelet Aggregation - RIPA (Ristocetin-induced)**<input type="checkbox"/> Platelet Electron Microscopy Study<input type="checkbox"/> Plavix Sensitivity - LTA and/or <input type="checkbox"/> Genotype Assay | <ul style="list-style-type: none"><input type="checkbox"/> Protein C Activity and/or <input type="checkbox"/> Antigen<input type="checkbox"/> Protein S Activity<input type="checkbox"/> Protein S Antigen [Free] and/or <input type="checkbox"/> [Total]<input type="checkbox"/> Prothrombin Gene Mutation<input type="checkbox"/> Prothrombin Time <input type="checkbox"/> Reflex to work-up<input type="checkbox"/> PSAntibody (phosphotidylserine; IgG, IgM)**<input type="checkbox"/> PS/PTAntibody (IgG, IgM) **<input type="checkbox"/> Rivaroxaban (Xarelto) Level<input type="checkbox"/> dRVVT (dilute Russell Viper Venom Time)<input type="checkbox"/> Soluble Complement 5b-9 (sC5b-9)<input type="checkbox"/> Soluble IL-2 Receptor Alpha
<input type="checkbox"/> serum <input type="checkbox"/> EDTA plasma<input type="checkbox"/> Thrombin Time - TCT (confirmed w/PS)<input type="checkbox"/> Thrombin-Antithrombin (TAT)<input type="checkbox"/> VWF Activity (Ristocetin cofactor)<input type="checkbox"/> VWF Activity (GP1BM-based)<input type="checkbox"/> VWF Antigen<input type="checkbox"/> VWF Multimer (WF:Multimer)<input type="checkbox"/> wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay) |
|---|---|---|
- Misc. _____

ADDITIONAL INFORMATION

Patients with insurance coverage other than Medicare are considered out-of-network. Medicare patients must sign an ABN, downloaded from the Machaon Diagnostics website. Insurance billing services are provided to contracted clients only under a current Insurance Billing Contract. Samples originating from NY-state for genetic testing are required to have a signed genetic consent document on file prior to testing. Note: NGS panels are updated periodically to reflect the latest gene lists supported by scientific literature. Please see website for most current gene lists.

MACHAON USE ONLY

Specimen type received: _____ Aliquots: _____
Specimen type received: _____ Aliquots: _____
Tech initials: _____ Received stamp: _____
Temperature indicator acceptable (choose one): Yes No N/A