MACHAON DIAGNOSTICS

MachaonDiagnostics.com
Toll-free: (800) 566-3462

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.)* | Specimen Date and Time:*

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

Platelet Count_____ (K/µL), aPTT_____ (sec.), PT_____ (sec.), INR_____
Hematocrit_____ (%), Bleeding History_____ (Y/N), Clotting History_____ (Y/N)

☐ Patient is anticoagulated
☐ Patient is on antiplatelet medication
☐ Patient is on Hemlibra therapy

Please specify:
☐ coumadin ☐ LMWH ☐ UFH ☐ apixaban ☐ rivaroxaban
☐ dabigatran ☐ fondaparinux ☐ other _____
☐ Aspirin ☐ Plavix ☐ Brilinta ☐ other _____

SUBMITTING FACILITY

Client Account #:
Facility Name and Address:*

*= REQUIRED

Phone:* Fax for results:*

☐STAT ☐ASAP ☐INSURANCE BILL ICD-10_____

PANEL TESTING

☐ LA APA 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)

☐ Alport Syndrome Genetic Panel (3 genes)
☐ aHUS Genetic Panel (20 genes)
☐ C3 Glomerulopathy Genetic Panel (6 genes)
☐ Dysfibrinogenemia Genetic Panel (FGA, FGB, FGG)
☐ Hemophagocytic Lymphohistiocytosis (HLH) Genetic 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 (20 genes)
☐ Thrombophilia Genetic Panel (11 genes)
☐ VWD-Complete™ Genetic Panel (VWF and GP1BA)

TEST LIST

☐ ACL (Anticardiolipin - IgG, IgM and IgA)
☐ ADAMTS13 Activity (reflexes to Inhib and Ab)**
☐ ADAMTS13 Panel (Activity, Inhibitor and Antibody)**
☐ ADAMTS13 Gene Sequencing
☐ Anti-CFH Autoantibody
☐ Antithrombin III Activity and/or ☐ Antigen
☐ Apixaban (Eliquis) Level
☐ Beta-2 Glycoprotein I Antibody
☐ Euglobulin Clot Lysis Time
☐ Factor Activity (aPTT-based) ☐ test all factors
☐ VIII (8) ☐ IX (9) ☐ XI (11) ☐ XII (12)
☐ Factor Activity (PT-based) ☐ test all factors
☐ II (2) ☐ V (5) ☐ VII (7) ☐ X (10)
☐ Factor V (5) Leiden Gene Mutation
☐ Factor VIII (8) Chromogenic Activity (bovine)**
☐ Factor VIII (8) Gene Sequencing and Inversions Assay
☐ Factor IX (9) Gene Sequencing
☐ Factor XIII (13) Activity and/or ☐ Gene Sequencing
☐ Fibrinogen Activity and/or ☐ Antigen
☐ Hemlibra-specific Factor VIII (8) Activity**
☐ Heparin Antibody Confirmation (wp-HIPA)
☐ Heparin Antibody Reflex (ELISA reflex to wp-HIPA)**
☐ Heparin Level (anti-Xa method) (indicate type above)
☐ Hexagonal Phospholipid (STACLOT-LA)**
☐ Homocysteine
☐ HPP/OI Genetic Panel (Hypophosphatasia)
☐ Inhibitor to Factor(s) (Bethesda Units)
☐ VIII (8) ☐ IX (9) ☐ XI (11) ☐ XII (12)
☐ II (2) ☐ V (5) ☐ VII (7) ☐ X (10)
☐ Inhibitor to F8 (Hemlibra-specific Nijmegen Bethesda) **
☐ Mixing Study (aPTT) - reflex to incubated mix
☐ Mixing Study (PT)
☐ MTHFR ☐ C677T and/or ☐ A1298C) Mutations
☐ aPTT ☐ Reflex to work-up
☐ aPTT-LA (Lupus Sensitive Reagent) Plasminogen
☐ Activity and/or Autoantibody Plasminogen
☐ Gene Sequencing
☐ PAI-1 Activity and/or ☐ PAI-1 Gene Sequence
☐ Platelet Antibody ID - Indirect
☐ Platelet Aggregation Study -Comprehensive**
☐ Platelet ATP / Granule Release Study**
☐ Platelet Aggregation - ASA (Aspirin Sensitivity)**
☐ Platelet Aggregation - RIPA (Ristocetin-induced)**
☐ Platelet Electron Microscopy Study
☐ Plavix Sensitivity -LTA**and/or ☐ Genotype Assay
☐ Protein C Activity and/or ☐ Antigen
☐ Protein S Activity
☐ Protein S Antigen [Free] and/or ☐ [Total]
☐ Prothrombin Fragment 1.2
☐ Prothrombin Gene Mutation
☐ Prothrombin Time ☐ Reflex to work-up PS
☐ Antibody (phosphatidylserine; IgG, IgM)**
☐ PS/PTAntibody (IgG, IgM) **
☐ Rivaroxaban (Xarelto) Level
☐ dRVVT (dilute Russell Viper Venom Time)
☐ Soluble Complement 5b-9 (sC5b-9)
☐ Soluble IL-2 Receptor Alpha (plasma)
☐ Soluble IL-2 Receptor Alpha (serum)
☐ Thrombin Generation (profile w/ETP)
☐ Thrombin Time - TCT (confirmed w/PS)
☐ Thrombin-Antithrombin (TAT)
☐ VWF Activity (Ristocetin cofactor)
☐ VWF Activity (GP1BM-based)
☐ VWF Antigen
☐ VWF Multimer (WF:Multimer)
☐ wp-HIPA (washed-platelet Heparin-induced Platelet Activation Assay)
Misc._____

ADDITIONAL INFORMATION

Patients with insurance coverage other than Medicare 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 reimbursement.

MACHAON USE ONLY

Specimen type received:_____ Aliquots:_____
Specimen type received:_____ Aliquots:_____
Tech initials:_____ Specimen received stamp: _____

ONE COPY TO MACHAON DIAGNOSTICS AND ONE COPY FOR YOUR RECORDS