

# Machaon Diagnostics

# aHUS Genetic Panel Order Form

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

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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>		Sex: <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 #:			
<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		
Physician's direct phone number to call results: ( <i>highly encouraged</i> )			<input type="checkbox"/> <b>STAT</b> <i>Samples shipped for weekend arrival must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'</i>		
<b>CLINICAL INFORMATION (if available)</b>			<b>TEST SELECTION</b>		
ADAMTS-13: _____ (%) Inhibitor (+/-): _____ <i>Note: We offer this test with a 24-hour turnaround time. Please call for draw kits.</i>		Has this patient had a bone marrow transplant? Yes / \ No Unknown	<input type="checkbox"/> aHUS Genetic Panel		<i>Rapid Next Generation Sequencing (NGS) of 20 genes (See website for gene list)</i>
PLT Count: _____ (K/ $\mu$ L)	Shiga toxin (+/-): _____	Eculizumab therapy: Yes No	CFH Region Deletion/Duplication by MLPA		
Hemoglobin: _____ (mg/dL)	LDH: _____ (U/L)		<input type="checkbox"/> CFH Autoantibody		Serum or EDTA Plasma Sample Required
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.		
Patient Authorization: <b>Yes No</b> if you authorize Machaon Diagnostics to use your deidentified laboratory data and sample for research to learn more about this rare disease and facilitate the education of our physician clients.					
<b>OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)</b>					
Insurance Company: ( <i>Medicare patients must sign ABN</i> )		Patient Address:		Patient Phone Number:	
Insurance Policy / Medicare Number:	Insurance Group Number:	Patient City:		State:	Zip Code:
Insurance Company Address:		Authorization Number:		<b>OUTPATIENT ONLY: PATIENT SIGNATURE</b>	
Insurance Company 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 authorize payment directly to Machaon Diagnostics. This test is currently not covered or reimbursed by Medicare or Medicaid. The aHUS Genetic Panel is \$2,978 and if ordered STAT, add \$700; shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.	
<b>DIAGNOSIS CODE(S):</b>		<i>(Please complete medical necessity form.)</i>			
ICD-10 Code:	ICD-10 Code:	ICD-10 Code:	Patient's Signature:		Date:
			X: _____		
<b>ADDITIONAL INFORMATION</b>					
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 <a href="http://www.MachaonDiagnostics.com">www.MachaonDiagnostics.com</a> or call (510) 839-5600.					