



Northern California Lab
Medical Director: Brad Lewis, MD
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New Orleans Lab (**local samples can be sent directly)
Medical Director: Gloria Coker, MD
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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/uL), 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

SUBMITTING FACILITY

Client Account #:
Facility Name and Address:*
Phone:*
Fax for results:*
STAT
Sponsored Testing
Insurance Billing (please complete form)

PANEL TESTING

- LA Coag Antiphospholipid Antibody Panel
Antiphospholipid Syndrome Criteria Panel
Heparin Antibody Panel
Hypercoagulability / Thrombophilia Panel
Lupus Anticoagulant Screen
Mild Bleeding Work-up (most common tests)
Prolonged aPTT / PT Evaluation Work-up
von Willebrand Factor Profile

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)
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

- 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
B2GPI (Beta-2 Glycoprotein I - IgG, IgM and IgA)
CXCL9 Level
Euglobulin Clot Lysis Time
Factor Activity (aPTT-based)
Factor Activity (PT-based)
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)
Hexagonal Phospholipid (STACLOT-LA)**
Homocysteine
HPP/OI Genetic Panel (Hypophosphatasia)
Inhibitor to Factor(s) (Bethesda Units)
Inhibitor to F8 (Hemlibra-specific Nijmegen Bethesda) **
IL-18 Level
Mixing Study (aPTT) - reflex to incubated mix
Mixing Study (PT)
Modified Ham 2.0 (mHam 2.0) and sC5b-9
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 Aggregation Study (Comprehensive)**
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 Gene Mutation
Prothrombin Time
PSAntibody (phosphotidylserine; 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
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. 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:
Tech initials:
Received stamp:
Temperature indicator acceptable (choose one): Yes No N/A