



Northern California Lab
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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:*	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)			
<input type="checkbox"/> Patient is anticoagulated <input type="checkbox"/> Patient is on antiplatelet medication <input type="checkbox"/> Patient is on Hemlibra therapy		<i>Please specify:</i> <input type="checkbox"/> coumadin <input type="checkbox"/> LMWH <input type="checkbox"/> UFH <input type="checkbox"/> apixaban <input type="checkbox"/> rivaroxaban <input type="checkbox"/> dabigatran <input type="checkbox"/> fondaparinux <input type="checkbox"/> other _____ <input type="checkbox"/> Aspirin <input type="checkbox"/> Plavix <input type="checkbox"/> Brilinta <input type="checkbox"/> other _____	

SUBMITTING FACILITY

Client Account #:	*= REQUIRED
Facility Name and Address:*	
Phone:*	Fax for results:*
<input type="checkbox"/> STAT <input type="checkbox"/> Sponsored Testing <input type="checkbox"/> 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** Include the VWF:Multimer (STAT panel <24 Hrs)
(Factor VIII Activity, VWF:Antigen, VWF:RCo, aPTT and if ordered, 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)
- Somatic Inborn Errors of Immunity (IEI) Genetic Panel**
- 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"/> B2GPI (Beta-2 Glycoprotein I - IgG, IgM and IgA) <input type="checkbox"/> CXCL9 Level <input type="checkbox"/> test extended range <input type="checkbox"/> Cytokine Release Syndrome (12-test) Panel <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"/> test extended range <input type="checkbox"/> Mixing Study (aPTT) - reflex to incubated mix <input type="checkbox"/> Mixing Study (PT) <input type="checkbox"/> Modified Ham 2.0 (mHam 2.0) and sC5b-9 <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 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 (phosphatidylserine; 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"/> 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	