



ADAMTS-13 Activity and Inhibitor

Results in 24 Hours
(7 days a week)

Machaon Diagnostics is a clinical reference laboratory, specializing in the diagnosis, treatment and monitoring of hemostatic and thrombotic conditions. We strive to be your fastest resource for the laboratory testing of bleeding and clotting patients.

Draw kits with free priority overnight shipping available. Call for kits.

Background

Thrombotic Thrombocytopenia Purpura (TTP) is characterized by the acquired or congenital deficiency of ADAMTS-13 activity. An antibody inhibitor will be present in roughly half of the cases diagnosed with idiopathic TTP.

Early diagnosis is paramount. Left untreated, TTP has a mortality rate above 90%; however, rapid diagnosis and treatment with plasma exchange improve the mortality rate to below 20%.

ADAMTS-13 Activity is an important test in the differentiation of TTP and atypical Hemolytic Uremic Syndrome (aHUS).

To maximize the clinical utility, Machaon Diagnostics is offering ADAMTS-13 activity and inhibitor testing on a daily basis with clinical consultation. Weekend testing is available to clients and same-day STAT testing is sometimes available for regional clients. Please phone the lab for further information.

A Note on aHUS:

A low to normal ADAMTS-13 result is often seen as a key component in the diagnosis of aHUS. We offer a 48-hour STAT aHUS Genetic Panel to support or confirm the clinical diagnosis of aHUS. Please phone the laboratory if we can provide more information on this test.

MD, PhD and Chair, Lab Med & Path...

'We are VERY happy; Great job in getting out the ADAMTS-13 level & inhibitor screen! Again, we are VERY happy – great quality results and turnaround time. Love the interpretive comments. Thanks – good job!'

**Fastest
Turnaround
Time in the
US**

For example...

'A sample drawn and shipped Monday will be resultd and called to the physician's phone Tuesday afternoon.'

- Weekend testing for STATs
- Draw Kits (includes free shipping)
- Clinical Consultation
- Results called to physician

Turnaround Time:

< 24 Hours

STAT Turnaround Time:

< 24 Hours (7 days a week)

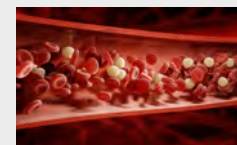
Methodology: ELISA

Reflexive testing available for:

- ADAMTS-13 Inhibitor (24-hour TAT)
- ADAMTS-13 Antibody Titer (1-week TAT)
- aHUS Genetic Panel (48-hour STAT TAT)

Additional Information

- Specimen:** 1mL Citrated Plasma
- Stability:** 7 days at 2-25C or 2 weeks frozen
- CPT Code:** 85397x2, 85335
- Days Run:** 7 days a week



**TOLL FREE
1-800-566-3462**

Phone : 510-839-5600
Fax: 510-839-6153
E-mail: info@machaondiagnosics.com

Machaon Diagnostics, Inc.
3023 Summit Street
Oakland, CA 94609

Machaon Diagnostics

ADAMTS-13 Test Drawing Kit Form

National Service with Labs in California and Louisiana
 Medical Director: Brad H. Lewis, MD (Oakland, CA lab)
 Medical Director: Gloria Coker, MD (New Orleans, LA lab)
 Phone: (510) 839-5600 Fax: (510) 839-6153

Turnaround Time: 24 hours, M-F; order STAT for weekend testing

www.MachaonDiagnostics.com
 1-800-566-3462

PATIENT INFORMATION <i>(complete or attach)</i>			SUBMITTING FACILITY		
Patient's Name: (Last, First, M.I.)		Gender: (circle one) M / F	Facility Phone Number: _____ Fax Number for Results: _____		
Specimen Date: (MM/DD/YY) Time: AM / PM		Date of Birth: (MM/DD/YY)			
Medical Record / ID#:		Patient's Social Security #:			
ORDERING PHYSICIAN INFORMATION			BILLING INFORMATION		
Physician's Name: (Last, First, M.I.)		Fax Number for Results:	Bill to: <input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare		
Physician's direct phone number to call results: <i>(called with 24 hours)</i>			Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
Would you like us to reflex to our 48-hour aHUS Genetic Panel when the ADAMTS-13 Activity is >5%? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(3mL EDTA whole blood sample required)</small>			<input type="checkbox"/> STAT <small>Samples shipped for weekend analysis must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'</small>		
CLINICAL INFORMATION <i>(if available)</i>			TEST SELECTION		
Last Plasma Infusion Date: (MM/DD/YY)		LDH: (U/L)	<input type="checkbox"/> ADAMTS-13 Activity reflex Inhibitor		<small>Reflexes to Antibody</small>
Creatinine: (mg/dL)	PLT Count: (K/ μ L)	Hemoglobin: (mg/dL)	<input type="checkbox"/> ADAMTS-13 Activity and Inhibitor		<small>Reflexes to Antibody</small>
Clinical Suspicion: (circle one) <small>(Call lab with ADAMTS-13 Gene Sequencing requests)</small> TMA / TTP / HUS / Shiga toxin-related HUS / aHUS / Other			<input type="checkbox"/> ADAMTS-13 Activity, Inhibitor and Antibody		
SPECIMEN COLLECTION, PROCESSING AND SHIPPING / <i>call for draw kits (free shipping)</i>					
Specimen Collection and Processing			Specimen Shipping		
1. Draw 1 blue top tube (3.2% sodium citrate).			6. Place all forms into document sleeve of the biohazard bag.		
2. Spin tube for cell-free plasma (approx. 15 minutes at 2000 x g).			7. Ensure that no patient-specific information is visible.		
3. Transfer approximately 1mL into the provided sample tube.			8. Place biohazard bag into the provided FedEx Clinical Pak.		
4. Label tube with patient first and last name, draw date and DOB.			9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.		
5. Enclose tube in Styrofoam box and seal in biohazard bag.			10. Call FedEx 800-238-5355 for a pick-up.		
Note: Samples can be shipped room temperature, frozen or refrigerated. Please call for guidance.					
OUTPATIENT ONLY: INSURANCE BILLING INFORMATION <i>(complete or attach)</i>					
Insurance Company: <small>(Medicare patients must sign ABN on reverse)</small>			Patient Address:		Patient Phone Number:
Insurance Policy / Medicare Number:		Insurance Group Number:	Patient City:		State: Zip Code:
Insurance Company Address:			Authorization Number:		
Insurance Company City:		State:	Zip Code:		
DIAGNOSIS CODE(S):			OUTPATIENT ONLY: PATIENT SIGNATURE		
ICD-10 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. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. The activity test is \$248 and reflexes to the inhibitor (\$530) and antibody test (\$250); shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.		
ICD-10 Code:		ICD-10 Code:	Patient's Signature: _____ Date: _____		
ICD-10 Code:			X: _____ Date: _____		
ADDITIONAL INFORMATION					
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. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. 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 full reimbursement. For more information please visit www.MachaonDiagnostics.com or call (510) 839-5600.					