

Machaon Diagnostics

Somatic Inborn Errors of Immunity Genetic Panel

Medical Director: Brad H. Lewis, MD
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Routine Turnaround Time: <5 business days (M-F)

MachaonDiagnostics.com
 1-800-566-3462

PATIENT INFORMATION (complete or attach)		SUBMITTING FACILITY	
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 #:		
ORDERING PHYSICIAN INFORMATION		BILLING INFORMATION	
Physician's Name: (Last, First, M.I.) <i>required</i>	Physician's NPI:	Bill to: Facility / Inpatient or Outpatient	
Contact Phone Number:	Fax Number for Results:	Bill to: Insurance / Outpatient	These services are FREE for outpatients that qualify for our Sponsored Testing Program.
Physician's direct phone number to call results: (<i>highly encouraged</i>)		<i>Inquire about STAT Turnaround Time and Pricing</i>	
CLINICAL INFORMATION (if available)		TEST SELECTION	
Ethnicity: European African Latino East Asian South Asian or other: _____		Somatic Inborn Errors of Immunity Genetic Panel	3mL EDTA whole blood) <i>NY samples require a limited permit approval for this test</i>
**Note: Buccal swabs are not an acceptable alternative sample for this assay		69 genes have been sequenced and analyzed for this panel; ACD, BACH2, BRAF, CARD11, CARD14, CASP10, CDC42, COPA, CTLA4, DKC1, ELANE, ERBIN, FAS, GATA2, GFI1, IFIH1, IKBKKG, JAK1, JAK2, JAK3, KRAS, MAP3K1, MAPK3, MAPK8, NLR4, NLRP1, NLRP12, NLRP3, NOD2, NRAS, OAS1, PIK3CD, PIK3R1, PLCG2, POMP, PSMA3, PSMB10, PSMB4, PSMB8, PSMB9, PSMG2, PSTPIP1, PTEN, RIPK1, RTEL1, SAMD9, SAMD9L, SH3BP2, SOCS1, SRP54, SRP72, STAT1, STAT2, STAT3, STAT4, STAT5B, STING1, TERC, TERT, TINF2, TLR7, TLR8, TLR9, TNFAIP3, TNFRSF1A, TP53, TREX1, UBA1 and WAS.	
Clinical consultation is recommended, including consultation with a genetic counselor. For additional consultation, please phone our hematologist medical director, Dr. Brad Lewis, at 1-800-566-3462.			

Informed Consent for Genetic Testing (required for patients drawn in New York state)

Providers are required to obtain informed consent from patients for genetic testing for all genetic samples originating in New York. An informed consent form may be found at <http://www.machaondiagnosics.com>, with a description of the test, purpose, and limitations. In lieu of submitting a copy of the signed informed consent, healthcare providers may sign the below statement attesting that informed consent has been obtained.

Verification of Informed Consent: I am a healthcare provider for the patient named on this requisition. I have obtained the required informed consent from the patient or the patient's legal guardian for each genetic test ordered on this requisition and I authorize testing of the provided specimen.

Signature of Provider: _____ Date: _____

Note: testing may be delayed if a consent form is not received or the provider signature is present above.

OUTPATIENT ONLY: INSURANCE BILLING INFORMATION (complete or attach)

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:	OUTPATIENT ONLY: PATIENT SIGNATURE	
Insurance Company City:	State: Zip Code:		
DIAGNOSIS CODE(S):	<i>(Please complete medical necessity form.)</i>		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 IEI Genetic Panel is \$3,978; additional STAT fees may apply; 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:	ICD-10 Code:	
Patient's Signature:			Date: _____

ADDITIONAL INFORMATION

Machaon Diagnostics is a specialized coagulation, platelet, complement and genetics laboratory that provides clinical reference laboratory services. Most evaluations can be completed within 24 hours, 7 days a week. Machaon Diagnostics is a multi-state-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services. These tests are 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, downloadable 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 (800) 566-3462. **Note: These services are FREE for outpatients that qualify for our Sponsored Testing Program; please call to inquire.**