

Children's Hospital Los Angeles
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877-KIDZLAB (543-9522)

Facility Contract Set-up Form

Please fill out form completely.

***Indicates Required Fields**

1. Billing Information- to be completed by accounts payable dept

*Hospital / Laboratory Name: _____
*Mailing Address: _____
*City: _____ *State _____ *Zip Code: _____
*Accounts Payable Contact _____ *Phone _____
*PO # _____
Fax _____ *Email _____
(Static emails only- for example: accountpayable@chla.org)

Please mark form of payment:

- ACH (please provide ACH form to PLMFinance@chla.usc.edu)
- Check (Remit checks to address on invoice)
- Credit Card (All charges will need to be done via phone- contact PLMFinance@chla.usc.edu)
- Other (please specify): _____
(Require pre-approval before contract can be established)

2. Reporting Information- only 1 secure fax is authorized

(Results delivery method)

*Hospital / Laboratory Name: _____
*Medical Director Name: _____
*Medical Director NPI #: _____
*Mailing Address: _____
*City: _____ *State _____ *Zip Code: _____
*Contact Name: _____ *Send Out Phone: _____
*Send Out Fax: _____ Email: _____

3. FOR INTERNAL USE ONLY

Date Received _____
STAR Name: _____
STAR Contract Account Number: _____

Please email the completed form to:
PLMcontractregistration@chla.usc.edu and
PLMFinance@chla.usc.edu