

Children’s Hospital Los Angeles  
Alexander R. Judkins, MD  
Department of Pathology & Laboratory Medicine  
Pathologist–in-Chief and Laboratory Director  
Phone: 323.361.2469, 323.361.2426  
Fax: 323.361.8004  
CLIA Number: 05D0542989



**Ship To:**  
Department of Pathology and Laboratory Medicine  
Children’s Hospital Los Angeles  
4650 Sunset Blvd.  
MRI/Weingart, 2nd Floor, Room 2-11

IMMUNOHISTOCHEMISTRY, SPECIAL STAINS & ELECTRON MICROSCOPY REQUISITION

All information must be completed before sample can be processed.

PATIENT INFORMATION

Last Name First Name MI  
DOB (MM/DD/YYYY): Gender: ☐ M ☐ F ☐ Unknown

BILLING INFORMATION

Referring Institution  
CHLA Account Number:  
Hospital/Laboratory Name:  
Address:  
City: State: Zip Code:  
Accounts Payable Contact Name:  
Phone: Fax:

CLINICAL AND SPECIMEN INFORMATION

**Services Requested**  
☐ Stain Only  
☐ Stain with Interpretation  
  
**Number of Samples Submitted:**  
☐ Paraffin Block(s):  
☐ Slides (two per stain requested):  
☐ Frozen Tissue(s) (OCT, Snap Frozen):  
  
☐ Check here if you would like unstained slides returned  
  
**Fixative:**  
☐ Formalin  
☐ B5  
☐ Glutaraldehyde  
☐ Other:  
  
**Accession Number:**  
  
**Block Number (s):\***  
  
**Diagnosis:**

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

\*See reverse side to open an account with CHLA Laboratory.

IHC, SPECIAL STAINS & ELECTRON MICROSCOPY MENU

- ☐ ABCB4 (MDR3)

☐ ABCB11 (BSEP)

☐ ADV

☐ AFP

☐ ALK

☐ AP-2 beta

☐ ATRX

☐ BCL2

☐ BCL6

☐ BCOR

☐ Beta-Catenin

☐ Brachyury

☐ BRAF (V600E)

☐ BRG1 (SMARCA4)

☐ C4d (paraffin)

☐ Calcitonin

☐ Calponin

☐ Calretinin

☐ CD1a

☐ CD2

☐ CD3

☐ CD4

☐ CD5

☐ CD7

☐ CD8

☐ CD10

☐ CD15

☐ CD19

☐ CD20

☐ CD21

☐ CD23

☐ CD25

☐ CD30

☐ CD31

☐ CD34

☐ CD43

☐ CD45/LCA

☐ CD56

☐ CD61

☐ CD63

☐ CD68/KPI

☐ CD71

☐ CD79a

☐ CD99/MIC2

☐ CD117

☐ CD123

☐ CD138

☐ CD163

☐ CDK4

☐ Chromogranin A

☐ CK (AE1/AE3)

☐ CK (CAM 5.2)

☐ CK7

☐ CK19

☐ CK20

☐ CMV

☐ C-Myc

☐ Collagen IV

☐ D2-40/Podoplanin

☐ Desmin

☐ E-Cadherin

☐ EBER (ISH)

☐ EBV:(LMP-1)

☐ EMA

☐ ERG

☐ EZHIP (CXorf67)

☐ Factor XIIIa

☐ FLI-1

☐ GAB1

☐ Gastrin

☐ GFAP

☐ GLUT-1

☐ Glutamine Synthetase

☐ Glypican-3

☐ H3K27M

☐ H3K27me3

☐ H3.3 G34R

☐ H3.3 G34W

☐ H3.3 K36M

☐ HCG

☐ HMB45

☐ Helicobacter pylori

☐ HMGA2

☐ Hep-Par1

☐ HSV1

☐ HSV2

☐ IDH1

☐ IgG

☐ IgG4

☐ Inhibin Alpha

☐ INI-1

☐ Ki67

☐ L1CAM

☐ Langerin

☐ LEF1

☐ LIN28A

☐ Lysozyme/Muramidase

☐ MART -1/Melan A

☐ Mast Cell Tryptase

☐ MLH1

☐ MPX

☐ MSA

☐ MSH2

☐ MSH6

☐ MUC4

☐ MUM1

☐ Myf-4/Myogenin

☐ MyoD1

☐ NeuN

☐ Neurofilament 200kD

☐ Neurofilament (2F11)

☐ NKX2.2

☐ N-MYC

☐ NSE

☐ NUT1

☐ OCT-2

☐ OCT-3/4

☐ Olig2

☐ p53

☐ p63

☐ PAN-TRK

☐ Pax-5

☐ PD-L1

☐ Peripherin

☐ PGP9.5

☐ PHH3

☐ PHOX2B

☐ PLA2R

☐ PLAG1

☐ PLAP

☐ PMS2

☐ PROX1

☐ S-100

☐ SALL4

☐ SATB2

☐ SMA

☐ SOX-10

☐ SS18-SSX

☐ SSTR2A

☐ SSSX

☐ STAT6

☐ SV-40

☐ Synaptophysin

☐ TdT

☐ TFE-3

☐ TH

☐ TLE-1

☐ TPD52

☐ Treponema Pallidum

☐ TTF-1

☐ VIMENTIN

☐ VWF/Factor-VIII

☐ WT1

☐ YAP1

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☐ SMA

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**Ship To:**

Department of Pathology and Laboratory Medicine  
Children's Hospital Los Angeles  
4650 Sunset Blvd. MS#43  
MRI/Weingart, 2nd Floor, Room 2-11  
Los Angeles, CA 90027

**TEST REQUISITION REQUIREMENTS**

1. All samples should be clearly labeled with **patients first and last name, date of birth, hospital/ laboratory name, and block or slide number**. Failure to fully complete the test requisition may delay analysis.
2. **All fields with red text are required.**
3. We will notify you within 24 hours of receipt if we are unable to perform testing due to failed specimen integrity. Any specimen determined to be inadequate for testing will be discarded after 48 hours.
4. **Cancellations:**  
Please notify us **ASAP** in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.

**SHIPPING AND HANDLING INSTRUCTIONS****FRESH FROZEN TISSUE:**

1. Ship fresh frozen tissue on dry ice with a minimum of 5 kg of dry ice. Overnight delivery required to prevent thawing of tissue.

**PARAFFIN BLOCK(S) OR UNSTAINED SLIDES :**

1. Ship paraffin blocks or slides at room temperature.

**GENERAL INSTRUCTIONS:**

1. We will notify you within 24 hours of receipt if we are unable to perform testing due to compromised sample integrity.
2. Please notify us ASAP in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.
3. We accept samples Monday through Thursday from 7:00 AM to 4:00 PM PST. We also accept samples on Friday by 11:00 AM PST. All packages should be mailed for receipt by Friday. Holidays and weekends should be taken into consideration before mailing samples.
4. To ensure sample integrity, use of the following delivery priorities is highly recommended.  
FedEx: First Overnight  
UPS: Next Day Air Early AM
5. **Your specimen is important to us. Please email the tracking number to [PLMTrack@chla.usc.edu](mailto:PLMTrack@chla.usc.edu) at the time of shipment and include contact information to be used in the event your sample is not received.**

**BILLING INFORMATION**

1. For billing inquiries, please call (877) 543-9522.
2. If you are interested in opening an account with Children's Hospital Los Angeles, please contact our Laboratory Service Center at (877)543-9522. Please be prepared to provide the following information:
  - a. Name of Institution
  - b. Address
  - c. Phone/Fax Number
  - d. Laboratory Contact Name and phone number
  - e. Accounts Payable Contact Name and phone number
3. Third party billing is not offered at this time.

**CHILDREN'S CONNECT**

Children's Connect is a web-based portal providing 24/7 access to laboratory test order entry and results retrieval.

To request access or to receive more information, please contact us at:

(877) 543-9522

**CONTACT US**

For all other inquiries, please contact our Laboratory Service Center at:  
**(877)KIDZ-LAB or (877) 543-9522**  
or visit our website at:  
**[CHLA.org/CPM](http://CHLA.org/CPM)**