

Children's Hospital Los Angeles
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**Ship To:**

Department of Pathology and Laboratory Medicine
Children's Hospital Los Angeles
4650 Sunset Blvd.
Duque Bldg., 2nd Floor, Room 2-290
Los Angeles, CA 90027

CPM Liquid Biopsy (LBSeq4Kids) test 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

Ancestry: ☐ African American ☐ Central/South American ☐ Native American
☐ Ashkenazi Jewish ☐ Eastern European ☐ Northern European
☐ Asian ☐ Hispanic ☐ Pacific Islander
☐ Caribbean ☐ Middle Eastern ☐ Western European
☐ Caucasian ☐ Other (Please specify):

MRN:

CLINICAL INFORMATION

Clinical Diagnosis or Indication for test:

Note: Please include pathology report from primary tumor when available, clinical notes, and any previous test results

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY):

Time Collected: AM PM Collected By:

Specimen ID:

SAMPLE TYPE (Please select):

- ☐ Plasma
- ☐ Cerebrospinal Fluid (CSF)
- ☐ Aqueous Humor (AH)

Patient has had a transfusion? ☐ Yes ☐ No If "Yes," please contact the lab.

For Internal Use Only:

Date Received: / / Time Received: : AM /PM

Technician:

REPORTING INFORMATION

Hospital/Laboratory Name:

Ordering Physician:

Address:

City: State: Zip Code:

Phone: Secure Fax:

☐ Send Duplicate Report to:

Physician:

NPI:

Address:

City: State: Zip Code:

Physician Signature (Required):

BILLING INFORMATION

PLEASE NOTE: We only bill the submitting institution. We do not bill third parties.

Referring Institution

CHLA Account Number:*

Hospital/Laboratory Name:

Address:

City: State: Zip Code:

Accounts Payable Contact Name:

Phone: Fax:

Email:

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

TEST ORDER

☐ CPM LBSeq4Kids (CPT CODES 81479)

**SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND
SHIPPING INSTRUCTIONS.**



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SAMPLE PROCESSING, SHIPPING, AND HANDLING INSTRUCTIONS

BLOOD: (Must be processed within 1 hour of receipt)

1. Collect blood in EDTA (lavender top tube). Child 2-3 ml, adult 10-15 ml
2. Spin EDTA tube in pre-cooled centrifuge at 4°C, 3000 x g for 10 min.
3. Transfer plasma to a new centrifuge tube, making sure the buffy coat layer is not disturbed.
4. Carefully transfer the buffy coat to a separate, labeled 1.5mL tube.
5. Freeze and store buffy coat at -20°C until ready to be shipped to CPM.
6. Spin plasma at 4°C, 16,000 x g for 10 min.
7. Transfer plasma to a new, labeled tube without disturbing cellular debris pellet.
8. Discard the pellet.
9. Freeze and store plasma at -20°C until ready to be shipped to CPM.
10. Send both plasma and buffy coat to CPM on dry ice via courier pickup.
11. Ship samples with two unique identifiers and manifest with sample information.

Cerebrospinal Fluid (CSF) (Must be processed within 1 hour of receipt):

1. Spin CSF (**note: it may be necessary to transfer CSF to a tube to spin if necessary*) in pre-cooled centrifuge at 4°C, 3000 x g for 10 min.
2. Transfer supernatant to a new, labeled tube leaving behind approximately 0.2ml and making sure not to disturb pellet.
3. Freeze pellet and supernatant and send on dry ice to CPM via courier pickup.
4. Ship samples with two unique identifiers and manifest with sample information.

Aqueous Humor (AH) (Must be processed within 1 hour of receipt)

1. Freeze and store aqueous humor (~100 ul) at -20°C until ready to be shipped to CPM.
2. Send to CPM on dry ice via courier pickup.
3. Ship samples with two unique identifiers and manifest with sample information.

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. **Please provide tracking number at the time of shipment.**
 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 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.

CONTACT US

For all other inquiries, please contact our Laboratory Service Center at:
(877)KIDZ-LAB or (877) 543-9522
 or via email at askcpm@chla.usc.edu
 Visit our website at:
CHLA.org/CPM