

Children's Hospital Los Angeles
Alexander R. Judkins, MD
Department of Pathology & Laboratory Medicine
Pathologist-in-Chief and Laboratory Director
4650 Sunset Boulevard
Los Angeles, CA 90027
Phone: 323.361.2423, 877.543.9522
Fax: 323.361.6157
CLIA Number:05D2097680
California State License CLF260

**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

**RETINOBLASTOMA (RB1) MOLECULAR ANALYSIS
TEST REQUISITION**

All information must be completed before sample can be processed.

Red text indicates required information.

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
DOB: _____ Gender: ☐ M ☐ F ☐ Unknown
MRN#: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____

REPORTING INFORMATION

Hospital/Laboratory Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
☐ Send Duplicate Report to:
Physician: _____
NPI: _____
Address: _____
City: _____ State: _____ Zip Code: _____

BILLING INFORMATION

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

TEST INFORMATION

Test Ordered:
☐ RB1 Molecular Analysis —Proband
Indication for Testing: _____
Patient has:
☐ Unilateral Retinoblastoma
☐ Bilateral Retinoblastoma
☐ Family History
☐ RB1 Targeted Analysis
Mutation Identified? ☐ Yes ☐ No
Specify: _____
Deletion/Duplication ☐ Yes ☐ No
Specify: _____
*Any previous testing results should be attached. We strongly recommend a sample submission from a family member who carries the identified RB1 mutation.

SPECIMEN REQUIREMENTS

Whole Blood 3 mL whole blood EDTA (lavender-top tube); minimum collection of 1.0 mL
Store at room temperature for no more than 24 hours. Store at 4°C if shipment will be delayed. Samples must be received within 72 hours.

1. We will notify you within 24 hours of receipt if we are unable to perform testing due to failed specimen integrity.
2. Please notify us ASAP in writing if you wish to cancel a test. Cancellations cannot be accepted once testing has been initiated.

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SHIPPING AND HANDLING INSTRUCTIONS

1. We accept specimens Monday through Thursday from 7:00 AM to 4:00 PM, and Friday by 11:00 AM.
2. Please provide tracking information.
3. To ensure specimen integrity, use of the following delivery priorities is highly recommended:
 - FedEx: First Overnight
 - UPS Next Day Air Early AM

Ship specimens to:

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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