

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

CHROMOSOMAL MICROARRAY (CMA) REQUISITION

All information must be completed before sample can be processed.
For patient clinical information, please complete Clinical History Form (page 2)
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: _____
Indication for Testing _____
ICD-10 Code: _____

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: _____

SPECIMEN TYPE

Whole Blood: EDTA **Saliva** **Buccal Swab**

Blood 3 mL whole blood EDTA (lavender-top tube); minimum collection of 0.5 mL
Store at room temperature for no more than 24 hours. Store at 4°C for up to 3 days if there will be a delay in shipment.

Saliva Use Oracollect (OC-100) for patients at or younger than 5 years of age. Ship at room temperature.
Use Oragene Dx (OC-575) for patients older than 5 years of age. Ship at room temperature.

1. We will notify you within 3 business days 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.

SHIPPING AND HANDLING INSTRUCTIONS

1. We accept specimens Monday through Thursday from 7:00 AM to 4:00 PM, and Friday by 12:00 PM.
2. Insulated shipping containers are highly recommended to maintain sample temperature during transportation.
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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For Internal Use Only:

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