

Children's Hospital Los Angeles
Alexander R. Judkins, MD
Department of Pathology & Laboratory Medicine
Pathologist-in-Chief and Laboratory Director
Phone: 323.361.2423, 877.543.9522
Fax: 323.361.6157
CLIA Number: 05D2097680
California State License CLF260
CAP Number: 9277593



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

22q11.2 DEL/DUP ANALYSIS 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: _____

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY): _____
Time Collected: _____ AM PM Collected By: _____
Specimen ID: _____
SAMPLE TYPE (Please select one):
 BLOOD IN EDTA (lavender top tube)
 DNA EXTRACTED FROM BLOOD
Concentration: _____ (ug/mL) Volume _____ (uL)
Patient has had a transfusion? Yes No If "Yes," please contact the lab.
(DNA extracted in accordance with CAP/CLIA guidelines)

22Q11.2 DEL/DUP ANALYSIS TEST ORDER

22q11.2 DEL/DUP ANALYSIS (CPT Code 81479)

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: _____

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.

CHECKLIST OF INFORMATION REQUIRED TO PERFORM TESTING

TEST REQUISITION FORM

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:
Date Received: ____/____/____ Time Received: ____: ____ AM /PM
Technician: _____

Children's Hospital Los Angeles
Alexander R. Judkins, MD
Department of Pathology & Laboratory Medicine
Pathologist-in-Chief and Laboratory Director
Phone: 323.361.2423, 877.543.9522
Fax: 323.361.6157
CLIA Number: 05D2097680
California State License CLF260
CAP Number: 9277593



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

SHIPPING AND HANDLING INSTRUCTIONS

BLOOD:

1. Collect blood in EDTA (lavender top tube). Child or Adult: 3-5mL
2. Ship sample same day (overnight). **DO NOT FREEZE**. Blood must be received in laboratory within 2 days of collection.
3. Please call the laboratory to discuss volumes for a newborn.

DNA:

1. Ship 2-4ug DNA extracted in accordance with CAP/CLIA guidelines in 1.5 mL screw cap microtube.
2. Ship sample with sufficient ice to maintain a temperature of 4°C.

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.

CHILDREN'S CONNECT

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.