

Children's Hospital Los Angeles
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Institution

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

BIOCHEMICAL GENETICS & SPECIAL CHEMISTRY TEST REQUISITION FORM

All information must be completed before sample can be processed.

PATIENT INFORMATION

Patient Name: _____
 (Last, First)

Patient ID/MR #: _____

DOB: ____ / ____ / ____ **Gender:** M F

DIAGNOSIS *

* While your diagnosis may be presumptive, the diagnosis should be sufficient to establish the medical necessity for the test.

CLIENT INFORMATION

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

Requesting Physician: _____ **Phone:** _____ **Fax:** _____

Institution: _____ **Phone:** _____ **Fax:** _____

Address: _____

SPECIMEN INFORMATION

Collection Date: _____

Collection Time: _____

Specimen ID#: _____

Specimen Type Submitted:

Whole Blood

Plasma

Urine

Blood Spot

Washed RBCs

Other _____

TEST REQUEST (CPT CODE) SPECIMEN TYPE

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Aldolase (82085) Serum
<input type="checkbox"/> Alpha 1-antitrypsin (82103) Feces
<input type="checkbox"/> Amino Acids (82139) CSF
<input type="checkbox"/> Amino Acids (82139) Plasma
<input type="checkbox"/> Antifungal Drug Monitoring
<input type="checkbox"/> Fluconazole (80299) Serum
<input type="checkbox"/> Itraconazole (80299) Serum
<input type="checkbox"/> Posaconazole (80299) Serum
<input type="checkbox"/> Voriconazole (80299) Serum
<input type="checkbox"/> Biopterin Profiles (82542, 82657), Blood and Urine
<input type="checkbox"/> Biopterin metabolites (82542) Urine
<input type="checkbox"/> Dihydropteridine Reductase (82657) Blood Spots
<input type="checkbox"/> Busulfan Pharmacokinetic Study (80299) Plasma
<input type="checkbox"/> Carnitine (82379) Plasma
<input type="checkbox"/> Catecholamine Metabolites
<input type="checkbox"/> 5-Hydroxyindoleacetic acid, (5-HIAA) (83497) Urine
<input type="checkbox"/> Homovanillic acid (HVA), (83150) Urine
<input type="checkbox"/> Vanillylmandelic acid (VMA), (84585) Urine | <input type="checkbox"/> Galactose (82760) Plasma
<input type="checkbox"/> Galactose 1-phosphate (84311) Washed RBCs
<input type="checkbox"/> Galactose 1-phosphate uridylyltransferase (GALT Activity), Quantitative (82775) Whole Blood
<input type="checkbox"/> Galactose 1-phosphate uridylyltransferase and (GALT), electrophoresis (82664) Whole Blood
<input type="checkbox"/> Glutamine (82136) Plasma
<input type="checkbox"/> Homocysteine, total (83090) Plasma
<input type="checkbox"/> Immunosuppressant Drugs
<input type="checkbox"/> Tacrolimus (FK506) (80197)
<input type="checkbox"/> Sirolimus (Rapamycin) (80195)
<input type="checkbox"/> Cyclosporin A (80158)
<input type="checkbox"/> Everolimus (80169)
<input type="checkbox"/> Lactate (83605)/ pyruvate (84210) TCA extract-whole blood, CSF
<input type="checkbox"/> Methylmalonic Acid (83789) Plasma
<input type="checkbox"/> Neopterin (82491) Serum
<input type="checkbox"/> Phenylalanine/ tyrosine (82491) Plasma | |
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***Note:** These tests were developed and validated by CHLA according to CLIA requirements. These tests have not been cleared or approved by the U.S. Food and Drug Administration.