

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

**CHROMOSOMAL MICROARRAY ONCOLOGY 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

**ACCOUNT INFORMATION**

Contract Account Name: \_\_\_\_\_  
Contact Account Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

**CHROMOSOME MICROARRAY ONCOLOGY TEST ORDER**

**CHROMOSOMAL MICROARRAY—ONCOLOGY**

**Note:** FFPE is tested on the OncoScan FFPE Array (Affymetrix Inc., Santa Clara, CA) which is a specialized platform optimized for this sample type. Fresh frozen tumor tissue, leukemia blood and bone marrow aspirate samples are tested on the Cytoscan HD Array (Affymetrix, Inc. Santa Clara, CA), which provides higher resolution than the OncoScan FFPE Array.

**CLINICAL INFORMATION**

Clinical Diagnosis or Indication for Test: \_\_\_\_\_

**SAMPLE INFORMATION**

Date of Collection (MM/DD/YYYY): \_\_\_\_\_  
Time Collected: \_\_\_\_\_  AM  PM Collected by: \_\_\_\_\_  
Sample ID Number(s): \_\_\_\_\_

**SAMPLE TYPE (Please select one):**

**BONE MARROW ASPIRATE IN EDTA (lavender top tube)**

**LEUKEMIC BLOOD IN EDTA (lavender top tube)**

**FRESH FROZEN TISSUE**

In cryotube or foil  In OCT block

Source: \_\_\_\_\_ Percent of tumor in sample: \_\_\_\_\_

**PARAFFIN EMBEDDED TISSUE**

FFPE block(s)  Scrolls (H&E slide required)

Block ID Number(s): \_\_\_\_\_

**DNA EXTRACTED FROM** \_\_\_\_\_

Concentration: \_\_\_\_\_ (ug/mL) Volume \_\_\_\_\_ (uL)

**CHECKLIST OF INFORMATION REQUIRED TO PERFORM TESTING**

TEST REQUISITION FORM

PATHOLOGY REPORT

**For Internal Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Received: \_\_\_\_:\_\_\_\_ AM /PM

Technician: \_\_\_\_\_

**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

**SAMPLE REQUIREMENTS**

**BONE MARROW ASPIRATE IN EDTA (lavender top tube):**

Minimum Volume: Newborn or Infant: Please contact the lab Child or Adult: 1-2 mL

**LEUKEMIC BLOOD IN EDTA (lavender top tube):**

Minimum Volume: Newborn or Infant: Please contact the lab Child or Adult: 3-5 mL

**FRESH FROZEN TISSUE (cryopreservation tube or sterile foil or OCT block)**

0.25 cm<sup>3</sup> tissue (~100mg) should be snap frozen immediately after surgery and stored at -80°C

**PARAFFIN EMBEDDED TISSUE (block or scrolls in 1.5 mL tube)**

5 scrolls cut at 20 um

**DNA EXTRACTED FROM FRESH FROZEN TISSUE OR PARAFFIN EMBEDDED TISSUE (1.5 mL screw cap tube)**

Minimum Concentration: 2 ug (minimal concentration of 50ng/ul and A260/A280 of ~1.8)

**SHIPPING AND HANDLING INSTRUCTIONS**

**BONE MARROW ASPIRATE AND LEUKEMIC BLOOD:**

1. Collect bone marrow aspirate and leukemic blood in EDTA (lavender top tube) and ship same day (overnight) at 4°C. DO NOT FREEZE. Bone marrow aspirate and leukemic blood must be received in laboratory within 2 days of collection.

**FRESH FROZEN TISSUE:**

1. Ship fresh frozen tissue on dry ice with overnight delivery. Ship on minimum of 5 kg of dry ice. Thaw will compromise quality.

**PARAFFIN EMBEDDED TISSUE :**

1. Ship FFPE block or scrolls in 1.5 mL tube at ambient temperature. Ship with corresponding H&E slide.

**DNA:**

1. Ship DNA in 1.5 mL screw cap tube at 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:  
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](mailto: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 visit our website at:

**[CHLA.org/CPM](http://CHLA.org/CPM)**