

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
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CLIA Number: 05D0542989
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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

EPILEPSY GENE PANEL 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: _____

REPORTING INFORMATION

Hospital/Laboratory Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Send Duplicate Report to:

Physician: _____

NPI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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.

BILLING INFORMATION

Referring Institution

CHLA Account Number:* _____

Hospital/Laboratory Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact Name: _____

Phone: _____ Fax: _____

Email: _____

CHECKLIST OF INFORMATION REQUIRED TO PERFORM TESTING

CLINICAL HISTORY FORM

RELEVANT MEDICAL RECORDS, INCLUDING PREVIOUS GENETIC TEST RESULTS

COPY OF PRE-AUTHORIZATION (If applicable)

Note: Orders with missing requirements will be placed on hold until all requirements are received. Turnaround time is 6 weeks once all requirements are received and financial responsibility has been verified.

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

EPILEPSY GENE PANEL TEST ORDER

EPILEPSY GENE PANEL

For Internal Use Only:

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

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SAMPLE REQUIREMENTS

BLOOD IN EDTA (lavender top tube):

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

DNA EXTRACTED FROM BLOOD (1.5 mL screw cap tube)

- 6 ug (minimal concentration of 50 ng/ul and A260/A280 of ~1.8)

SHIPPING AND HANDLING INSTRUCTIONS

BLOOD:

1. Collect blood in EDTA (lavender top tube).
2. Ship sample same day (overnight) at 4°C. DO NOT FREEZE. Blood must be received in laboratory within 2 days of collection.

DNA:

1. Ship DNA in 1.5 mL screw cap tube.
2. Ship sample with sufficient dry 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

CHILDREN'S CONNECT

For all other inquiries, please contact our Laboratory Service Center at:

(877)KIDZ-LAB or (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