

Children's Hospital Los Angeles
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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

BRAF (EXON 15) SANGER SEQUENCING 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

MRN: _____

CLINICAL INFORMATION

Clinical diagnosis or Indication for test: _____

ICD-10 code(s): _____

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY): _____

Time Collected: _____ AM PM

Tumor Site: _____ Primary Metastasis

If metastasis, please list primary site: _____

SAMPLE TYPE (Please select one):

FRESH FROZEN TISSUE

In cryotube or foil In OCT block

PARAFFIN EMBEDDED TISSUE

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

Block ID Number(s): _____

DNA EXTRACTED FROM _____

Block ID Number: _____

Estimated percent of tumor in sample: _____

Concentration: _____ (ug/mL) Volume _____ (uL)

BRAF TEST ORDER

BRAF (EXON 15) SANGER SEQUENCING

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: _____

BILLING INFORMATION

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

PATHOLOGY REPORT

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:

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

Technician: _____



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SAMPLE REQUIREMENTS

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

0.25 cm³ 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)

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

SHIPPING AND HANDLING INSTRUCTIONS

FRESH FROZEN TISSUE:

1. Ship fresh frozen tissue on dry ice with a minimum of 5 kg of dry ice. Overnight delivery required to prevent thawing of tissue.

PARAFFIN EMBEDDED TISSUE :

1. Ship FFPE block or scrolls in 1.5 mL tube at ambient temperature. Include 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 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

Children's Connect is a web-based portal providing 24/7 access to laboratory test order entry and results retrieval.

To request access or to receive more information, please contact us at:
(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