

Children's Hospital Los Angeles
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 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

MOLECULAR GENETIC TESTING OF SMARCB1 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

MRN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

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: _____

CLINICAL INFORMATION

Clinical diagnosis or Indication for test: _____

TEST ORDER & SPECIMEN TYPE

Molecular Genetic Testing of SMARCB1 (CPT Code 81479 x 1)

Frozen: Tumor Tissue Tumor Block in OCT

FFPE: Block FFPE scrolls

Blood (EDTA) Isolated DNA

- Submission of both blood (EDTA) and frozen tissue is preferred
- Pathology report is required

Date Collected (MM/DD/YYYY): _____

Time Collected: _____ AM PM **Collected By:** _____

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.

SPECIMEN COLLECTION

Specimen Type	Collection
Frozen	0.25 cm ³ tissue (~100 mg) should be snap frozen immediately after surgery, and placed in cryopreservation vials, sterile foil, or a cassette.
FFPE	5 scrolls cut at 20 microns in 1.5 mL tube.
Blood	3 mL whole blood in EDTA (lavender-top tube); minimum collection is 2 mL.
Isolated DNA	2 µg in a 1.5 mL tube (extracted in accordance with CAP/ CLIA guidelines)

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:

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

Technician: _____



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SHIPPING AND HANDLING INSTRUCTIONS

1. Tumor tissue should be snap frozen immediately after surgery and placed in cryopreservation vials, sterile foil, or a cassette. Blood specimens should be sent along with frozen tissue as long as the patient has not undergone whole blood transfusion. **NOTE:** Blood must not freeze during shipping. Pack separately. Parental blood samples may be sent at the same time or at a later date if germline alteration has been identified.
2. If frozen tissue is not available, send a tissue block.
3. If a tumor block is not available, send 5 scrolls cut at 20 microns in a 1.5 mL tube and a H&E slide, cut and stained from the adjacent section.
4. Label samples with patient's first and last name, Date of Birth (DOB), and the surgical number of the tissue.
5. Immediately before shipping, pack frozen vials of tumor in dry ice. Obtain a Styrofoam container with a lid. This container should be large enough to accommodate 5kg of dry ice. Enough dry ice must be used to prevent any possibility of thawing during transport. Obtain a cardboard box and snugly fit the Styrofoam container inside. Fill the Styrofoam container with 5kg of dry ice. Place the frozen sample in the cassette or cryopreservation tube in a plastic biohazard bag. Place the biohazard bag into the dry ice so that the sample is completely covered. Attach the lid to the Styrofoam container and secure with tape.
6. Place this requisition and pathology report(s) in a plastic Ziploc bag. Place the Ziploc bag or envelope on top of the Styrofoam lid but inside of the cardboard box. Secure the cardboard box with tape.

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.

CONTACT US

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