

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
CAP Number: 9277593
California State License CDF-00347990



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

CPM Liquid Biopsy (LBSeq4Kids) 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: _____
Ordering Physician: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Secure Fax: _____

Send Duplicate Report to:

Physician: _____
NPI: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Physician Signature (Required): _____

CLINICAL INFORMATION

Clinical Diagnosis or Indication for test: _____

Note: Please include pathology report from primary tumor when available, clinical notes, and any previous test results

BILLING INFORMATION

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

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY): _____
Time Collected: _____ AM PM Collected By: _____
Specimen ID: _____

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.

SAMPLE TYPE (Please select):

- Plasma
- Cerebrospinal Fluid (CSF)
- Aqueous Humor (AH)

Patient has had a transfusion? Yes No If "Yes," please contact the lab.

For Internal Use Only:

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

TEST ORDER

CPM LBSeq4Kids (CPT CODES 81479)

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

SAMPLE PROCESSING, SHIPPING, AND HANDLING INSTRUCTIONS

BLOOD: (Must be processed within 1 hour of receipt)

1. Collect blood in EDTA (lavender top tube). Child 2-3 ml, adult 10-15 ml
2. Spin EDTA tube in pre-cooled centrifuge at 4°C, 3000 x g for 10 min.
3. Transfer plasma to a new centrifuge tube, making sure the buffy coat layer is not disturbed.
4. Carefully transfer the buffy coat to a separate, labeled 1.5mL tube.
5. Freeze and store buffy coat at -20°C until ready to be shipped to CPM.
6. Spin plasma at 4°C, 16,000 x g for 10 min.
7. Transfer plasma to a new, labeled tube without disturbing cellular debris pellet.
8. Discard the pellet.
9. Freeze and store plasma at -20°C until ready to be shipped to CPM.
10. Send both plasma and buffy coat to CPM on dry ice via courier pickup.
11. Ship samples with wo unique identifiers and manifest with sample information.

Cerebrospinal Fluid (CSF) (Must be processed within 1 hour of receipt):

1. Spin CSF (**note: it may be necessary to transfer CSF to a tube to spin if necessary*) in pre-cooled centrifuge at 4°C, 3000 x g for 10 min.
2. Transfer supernatant to a new, labeled tube leaving behind approximately 0.2ml and making sure not to disturb pellet.
3. Freeze pellet and supernatant and send on dry ice to CPM via courier pickup.
4. Ship samples with wo unique identifiers and manifest with sample information.

Aqueous Humor (AH) (Must be processed within 1 hour of receipt)

1. Freeze and store aqueous humor (~100 ul) at -20°C until ready to be shipped to CPM.
2. Send to CPM on dry ice via courier pickup.
3. Ship samples with wo unique identifiers and manifest with sample information.

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