



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 Whole Genome Sequencing (WGS) Analysis 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
 Carribean Middle Eastern Western European
 Caucasian Other (Please specify): _____

MRN: _____

CLINICAL INFORMATION

Clinical Diagnosis or Indication for test: _____

**** Please include clinical notes, copy of previous genetic test results, and signed consent form.**

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)

ISOLATED DNA FROM CLIA LAB (specify source) _____

Concentration: _____ (ug/ml) Volume _____ (ul)

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

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:

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

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): _____

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.

TEST ORDER

- Whole Genome Seq Analysis— Trio (CPT CODES 81425, 81426 X 2)**
- Whole Genome Seq Analysis— Proband (CPT CODE 81425)**
- Whole Genome Seq Analysis— Quad (CPT CODES 81425, 81426 X 3)**
- Whole Genome Seq Analysis— Duo (CPT CODES 81425, 81426)**
- Whole Genome Seq Analysis— Family Member (CPT CODE 81426)**

Children's Hospital Los Angeles
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SHIPPING AND HANDLING INSTRUCTIONS

BLOOD:

1. Collect blood in EDTA (lavender top tube). Child or Adult: 2-3 ml
2. Ship sample same day (overnight). **DO NOT FREEZE**. Blood must be received in laboratory within 2 days of collection.
3. Minimum volume for **newborns** is 0.5 ml. Please call the laboratory to discuss volumes for a newborn.

DNA:

1. Ship 3 ug DNA in 1.5 ml screw cap microtube.
2. Ship sample with sufficient ice to maintain a temperature of 4°C.
3. DNA should be extracted in a CLIA lab.

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

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