

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

**CHROMOSOMAL MICROARRAY ONCOLOGY 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): \_\_\_\_\_

**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: \_\_\_\_\_

**SAMPLE INFORMATION**

Date of Collection (MM/DD/YYYY): \_\_\_\_\_

Time Collected: \_\_\_\_\_  AM  PM Collected by: \_\_\_\_\_

Sample ID Number(s): \_\_\_\_\_

**SAMPLE TYPE (Please select one):**

**BONE MARROW ASPIRATE IN EDTA (lavender top tube)**

**LEUKEMIC BLOOD IN EDTA (lavender top tube)**

**FRESH FROZEN TISSUE**  
 In cryotube or foil     In OCT block

Source: \_\_\_\_\_ Percent of tumor in sample: \_\_\_\_\_

**PARAFFIN EMBEDDED TISSUE**  
 FFPE block(s)     Scrolls (H&E slide required)

Block ID Number(s): \_\_\_\_\_

**DNA EXTRACTED FROM** \_\_\_\_\_

Concentration: \_\_\_\_\_ (ug/mL)    Volume \_\_\_\_\_ (uL)  
 (extracted in accordance with CAP/CLIA guidelines)

**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.

**CHROMOSOME MICROARRAY ONCOLOGY TEST ORDER**

**CHROMOSOMAL MICROARRAY—ONCOLOGY (CPT Code 81406)**

**Note:** FFPE is tested on the OncoScan FFPE Array (Thermo Fisher) which is a specialized platform optimized for this sample type. Fresh frozen tumor tissue, leukemia blood and bone marrow aspirate samples are tested on the Cytoscan HD Array (Thermo Fisher), which provides higher resolution than the OncoScan FFPE Array.

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

**CHECKLIST OF INFORMATION REQUIRED TO PERFORM TESTING**

- TEST REQUISITION FORM
- PATHOLOGY REPORT

**For Internal Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Received: \_\_\_\_: \_\_\_\_ AM /PM

Technician: \_\_\_\_\_

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Los Angeles, CA 90027

**SAMPLE REQUIREMENTS**

**BONE MARROW ASPIRATE IN EDTA (lavender top tube):**

Minimum Volume: Newborn or Infant: Please contact the lab Child or Adult: 1-2 mL

**LEUKEMIC BLOOD IN EDTA (lavender top tube):**

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

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

0.25 cm<sup>3</sup> 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)**

6 scrolls cut at 20 um

**DNA EXTRACTED FROM FRESH FROZEN TISSUE OR PARAFFIN EMBEDDED TISSUE (1.5 mL screw cap tube)**

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

**SHIPPING AND HANDLING INSTRUCTIONS**

**BONE MARROW ASPIRATE AND LEUKEMIC BLOOD:**

1. Collect bone marrow aspirate and leukemic blood in EDTA (lavender top tube) and ship same day (overnight) at 4°C. DO NOT FREEZE. Bone marrow aspirate and leukemic blood must be received in laboratory within 2 days of collection.

**FRESH FROZEN TISSUE:**

1. Ship fresh frozen tissue on dry ice with overnight delivery. Ship on minimum of 5 kg of dry ice. Thaw will compromise quality.

**PARAFFIN EMBEDDED TISSUE :**

1. Ship FFPE block or scrolls in 1.5 mL tube at ambient temperature. Ship with 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. **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](mailto: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](mailto:askcpm@chla.usc.edu)

Visit our website at:  
**[CHLA.org/CPM](http://CHLA.org/CPM)**