

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  
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CLIA Number: 05D2097680  
CAP Number: 9277593  
California State License CLF260



**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

## EPILEPSY GENE PANEL 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: \_\_\_\_\_

### CLINICAL INFORMATION

Clinical Diagnosis or Indication for test: \_\_\_\_\_

### 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)
- DNA EXTRACTED FROM BLOOD
- Concentration: \_\_\_\_\_ (ug/mL) Volume \_\_\_\_\_ (uL)  
(extracted in accordance with CAP/CLIA guidelines)

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

### EPILEPSY GENE PANEL TEST ORDER

EPILEPSY GENE PANEL (CPT Code 81415, 81417, 80502)

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND  
SHIPPING INSTRUCTIONS.

#### For Internal Use Only:

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

### 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: \_\_\_\_\_

### BILLING INFORMATION

PLEASE NOTE: We only bill 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.

### CHECKLIST OF INFORMATION REQUIRED TO PERFORM TESTING

- CLINICAL HISTORY FORM
- RELEVANT MEDICAL RECORDS, INCLUDING PREVIOUS GENETIC TEST RESULTS
- COPY OF PRE-AUTHORIZATION (If applicable)

**Note: Orders with missing requirements will be placed on hold until all requirements are received. Turnaround time is 6 weeks once all requirements are received and financial responsibility has been verified.**

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## SHIPPING AND HANDLING INSTRUCTIONS

### BLOOD:

1. Collect blood in EDTA (lavender top tube). Child or Adult: 3-5mL
2. Ship sample same day (overnight). **DO NOT FREEZE**. Blood must be received in laboratory within 2 days of collection.
3. Please call the laboratory to discuss volumes for a newborn.

### DNA:

1. Ship 2-4ug DNA extracted in accordance with CAP/CLIA guidelines in 1.5 mL screw cap microtube.
2. Ship sample with sufficient ice to maintain a temperature of 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)**