

Children's Hospital Los Angeles
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Institution

Ship Specimens to:
Department of Pathology and Laboratory Medicine
Duque Building, 2nd Floor, Room 2-290
Children's Hospital Los Angeles
4650 Sunset Blvd., Mailstop 32
Los Angeles, CA 90027

FACTOR IX CHROMOGENIC TEST REQUISITION FORM

All information must be completed before sample can be processed.

PATIENT INFORMATION

Patient Name: _____
(Last, First)

Patient ID/MR #: _____

DOB: ____ / ____ / ____ Gender: M F

DIAGNOSIS *

* While your diagnosis may be presumptive, the diagnosis should be sufficient to establish the medical necessity for the test.

CLIENT INFORMATION
PLEASE NOTE: We only bill the submitting institution. Third party billing is not offered at this time.

Requesting Physician: _____ Phone: _____ Fax: _____

Institution: _____ Phone: _____ Fax: _____

Address: _____

SPECIMEN INFORMATION

Collection Date: _____

Collection Time: _____

Specimen ID#: _____

Specimen Type:

Frozen Plasma minimum volume 1.0 ml

TEST REQUEST (CPT CODE) SPECIMEN TYPE

Factor IX Chromogenic (CPT 85250)

Test Availability: Wednesdays & Fridays

Special Instructions:

- When sending place requisition with specimen. Ship with dry ice. ****NOTE, specimen should be frozen upon receipt.**
- We accept specimens Monday through Thursday from 7:00 AM to 4:00 PM PST. We also accept specimens 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 specimens
- To ensure specimen integrity, use of the following delivery priorities is highly recommended. Provide tracking number at the time of shipment, (FedEx: First Overnight / or/ UPS: Next Day Air Early AM)

**Note: These tests were developed and validated by CHLA according to CLIA requirements. These tests have not been cleared or approved by the U.S. Food and Drug Administration.