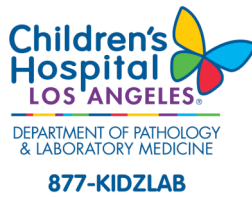


Children's Hospital Los Angeles
Alexander R. Judkins, MD
Department of Pathology & Laboratory Medicine
Pathologist-in-Chief and Laboratory Director
Phone: 323.361.2423, 877.543.9522
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CLIA Number: 05D2097680
CAP Number: 9277593
California State License 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

ONCOKIDS® 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: _____

CLINICAL INFORMATION

Clinical Diagnosis or Indication for test: _____

Note: Please include a copy of the pathology report with this requisition

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.

SAMPLE INFORMATION

Date of Collection (MM/DD/YYYY): _____

Time Collected: _____ AM PM Collected By: _____

Specimen ID: _____

SAMPLE TYPE (Please select):

BONE MARROW ASPIRATE IN EDTA (lavender top tube)

BLOOD IN EDTA (lavender top tube)

FRESH FROZEN TISSUE In cryotube or foil In OCT block
(Must have greater than 50% tumor)
Source: _____ Percent of tumor in sample: _____

PARAFFIN EMBEDDED TISSUE FFPE block(s) Scrolls (H&E slide required)
(Must have greater than 50% tumor)
Block ID Number(s): _____

Concentration: _____ (ug/mL) Volume _____ (uL)

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

TEST ORDER

OncoKids® Cancer Panel (CPT Codes 81455, G0452)
(interpretation included)

SEE PAGE 2 FOR SAMPLE REQUIREMENTS AND SHIPPING INSTRUCTIONS.

For Internal Use Only:

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

Technician: _____



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SHIPPING AND HANDLING INSTRUCTIONS

BONE MARROW ASPIRATE:

1. Bone marrow aspirate and leukemic blood should be collected in EDTA (lavender top tube) and shipped same day (overnight) at 4°C. Child or Adult: 1-2 mL

DO NOT FREEZE. Bone marrow aspirate and leukemic blood must be received in laboratory within 2 days of collection.

BLOOD:

1. Collect blood in EDTA (lavender top tube). Child or Adult: 3-5mL
2. Ship sample same day (overnight) at 4°C. **DO NOT FREEZE.** Blood must be received in laboratory within 2 days of collection.

PARAFFIN EMBEDDED AND FRESH FROZEN TUMOR TISSUE:

1. Tumor tissue should be snap frozen immediately after surgery and placed in cryopreservation vials, sterile foil, or a cassette.
2. If frozen tissue is not available, send a tissue block.
3. If a tumor block is not available, send 10 scrolls cut at 20 microns in two 1.5 mL tubes and a H&E slide, cut and stained from the adjacent section.
4. Label samples with patient's first and last name, Date of Birth (DOB), and the surgical number of the tissue.
5. Immediately before shipping, pack frozen vials of tumor in dry ice. Obtain a Styrofoam container with a lid. This container should be large enough to accommodate 5kg of dry ice. Enough dry ice must be used to prevent any possibility of thawing during transport. Obtain a cardboard box and snugly fit the Styrofoam container inside. Fill the Styrofoam container with 5kg of dry ice. Place the frozen sample in the cassette or cryopreservation tube in a plastic biohazard bag. Place the biohazard bag into the dry ice so that the sample is completely covered. Attach the lid to the Styrofoam container and secure with tape.
6. Place this requisition and pathology report(s) in a plastic Ziploc bag. Place the Ziploc bag or envelope on top of the Styrofoam lid but inside of the cardboard box. Secure the cardboard box with tape.

GENERAL INSTRUCTIONS:

1. We will notify you within 72 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

1. **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 visit our website at:

CHLA.org/CPM