Children's Hospital LOS ANGELES
We Treat Kids Better

Children's Hospital Los Angeles
Department of Pathology and Laboratory Medicine
4650 Sunset Blvd., MS 43 | Los Angeles, CA 90027
Phone: (323) 361-2426; Fax: (323) 361-8004

CHLA Internal Case # ___________

CONSULTATION REQUEST FORM

Please use one form per case to include: 1) cover letter containing a summary of the clinical history and 2) a copy of the surgical pathology report, even if incomplete

Referring Facility: ____ Date: ____________________________________

Ordering Physician Name: _______________________________ Signature: _______________________________

Phone: ____ Fax: _____________________________________

Address: ____

Contact Name:_____________________________Phone: ____________________Email: ________________________

❑ Molecular testing if needed (CMA oncology and/or OncoKids or other _______________) *(initial):* ___________

❑ Cytogenetic testing if needed (karyotyping , FISH____________________) *(initial):* ____________________

MATERIAL SUBMITTED

The information in this section is mandatory. Missing information could delay review of the case.

Patient's First Name: ______________________________Last Name: _______________________________________

Age: _____________ DOB: ______________ Sex: M / F ____________MRN #: __________________________

Path #: __________________ #Blocks__________ #Slides: ___________ Collection Date: ____________________

BILLING INFORMATION (REQUIRED)

*****Please be sure to complete the billing information below and/or attach the face sheet*****

SEND INVOICE TO:

Billing Contact Person: ____

Institute/Facility: ____

Address: ____

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Phone: ________________________ Fax _________________________ Email: ____________________________

Ship slides in secure slide holders and padded envelopes, or ship paraffin blocks. Please send all materials to:

Children's Hospital Los Angeles
Anatomic Pathology Services
4650 Sunset Blvd., MS#43, Room 2-220
Los Angeles, CA 90027
Phone: (323) 361-2426

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