



The Children's Hospital of Philadelphia®

Department of Pathology and Laboratory Medicine

Division of Anatomic Pathology

Serums for Anti-enterocyte antibodies

Send completed Anti-enterocyte Requisition and complete clinical data to include:

Patient's name, date of birth, sex and race

Your surgical number

Date obtained

Clinical history and referring diagnosis

Any previous biopsy H&Es, if applicable

Please obtain 1-2 mls of serum. The specimen should be placed in a freezer proof plastic tube, labeled with the patient's name and medical record number. The serum should be placed in -70 degrees c until shipping.

Use overnight or rapid delivery carriers. Shipment cost is the responsibility of the submitting entity.

Address the box(es)/correspondence to:

Dr Pierre Russo
The Children's Hospital of Philadelphia
Department of Pathology
Main building, 5th Floor
Suite 5NW-26
324 South 34th Street
Philadelphia, PA 19104-4399

DO NOT SEND specimen on Fridays, weekends or holidays. It is extremely important that the tissue remain in the frozen state during shipment.

Ship all frozen tissue with ample dry ice in a Styrofoam box and clearly mark the outside of the box "FROZEN TISSUE".

Our normal operating hours are Monday through Friday, 8:00 AM to 5:00 PM and we are closed on all 7 major holidays.

We do not third party or patient bill at The Children's Hospital of Philadelphia. The submitting entity will be billed for services rendered.

By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.