

**BONE MARROW EXAMINATION FORM**

NAME: \_\_\_\_\_  
PLEASE PRINT LAST FIRST MIDDLE

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB SEX REFERRING PHYSICIAN COLLECTION DATE & TIME

STREET ADDRESS \_\_\_\_\_ CITY STATE ZIP CODE (\_\_\_\_\_) PHONE

**BILLING INFORMATION:** see attached copy of insurance card (front and back) **ICD9 CODE:** \_\_\_\_\_

MEDICARE #: \_\_\_\_\_ MEDICAID #: \_\_\_\_\_

INSURANCE: Primary - \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

Secondary - \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

(Please include a copy of CBC (Hemogram) and a peripheral smear).

**CLINICIAN TO FILL OUT:**

**CLINICAL DIAGNOSIS:** New Diagnosis Post Therapy Relapse Remission  
Bone Marrow Transplant: Autologous Allogeneic Sex Mismatch

**Hodgkin Lymphoma**  
**Non-Hodgkin Lymphoma:** B-Cell T-Cell  
**Acute Leukemia:** Myeloid Lymphoid  
**Other:** \_\_\_\_\_

**Myeloproliferative Disorders**  
**Chronic Lymphoproliferative Disorders**  
**Myelodysplastic Syndrome**  
**Plasma Cell Dyscrasia / Multiple Myeloma**

**CLINICAL HISTORY:** Previous surgery(s), diagnosis, therapy(s), path #s, date(s): \_\_\_\_\_

**SPECIMEN INFORMATION:**

SLIDES: Aspirates # \_\_\_\_\_ Peripheral # \_\_\_\_\_ Touch Preps # \_\_\_\_\_

BIOPSY(S): Right - \_\_\_\_\_ Left - \_\_\_\_\_

CLOT(S): Right - \_\_\_\_\_ Left - \_\_\_\_\_

BONE MARROW: (# of tubes) \_\_\_\_\_

PERIPHERAL BLOOD: (# of tubes) \_\_\_\_\_

**Flow Cytometry Studies:**  
ACUTE LEUKEMIA PANEL (ALL, AGL, AML)  
LYMPHOMA (INCLUDES CLL)  
COMBINED ACUTE LEUKEMIA & LYMPHOMA  
HAIRY CELL LEUKEMIA PANEL  
MULTIPLE MYELOMA PANEL

**CYTOGENETICS**  
Reflex to FISH as appropriate for dx  
**MOLECULAR STUDIES** as appropriate for dx  
Additional Test: \_\_\_\_\_

**COMPLEX (Complete Exam)**  
- includes flow cytometry, cytogenetics and/or FISH, and PCR as medically necessary  
**Indicate disease** \_\_\_\_\_

**DO NOT WRITE BELOW THIS SPACE - LAB USE ONLY**

A) # \_\_\_\_\_ BM Slide(s) & \_\_\_\_\_ Peripheral Smear \_\_\_\_\_ Touch Prep(s)

\_\_\_\_\_) Bone Biopsy: \_\_\_\_\_ mm. bone segment.  With clot attached.

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\_\_\_\_\_) CLOT: \_\_\_\_\_ tan clotted material.

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FLOW SENT TO GMH  CYTOGENETICS SENT TO CSI  OTHER: \_\_\_\_\_ TECH'S INITIALS: \_\_\_\_\_

WRIGHT GIEMSA  IRON  RETIC  PAS  OTHER \_\_\_\_\_

85097  
 85060  
 88305  
 88313  
 88311  
 \_\_\_\_\_  
\_\_\_\_\_  
Pathologist  
Created 8/08 by lbi