ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Bone Marrow Pathology Requisition

Alberta Precision Laboratories 1-877-868-6848

Scanning Label or Accession # *(lab only)*

Patient

PHN Expiry: _____	Date of Birth *(dd-Mon-yyyy)*		
Legal Last Name	Legal First Name	Middle Name	
Alternate Identifier	Preferred Name	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose	Phone
Address	City/Town	Prov	Postal Code

Provider(s)

Authorizing Provider Name *(last, first, middle)*		Copy to Name *(last, first, middle)*	Copy to Name *(last, first, middle)*
Address	Phone	Address	Address
CC Provider ID	CC Submitter ID	Phone	Phone
Clinic Name		Clinic Name	Clinic Name

Collection

Date *(dd-Mon-yyyy)*	Time *(24 hr)*	Location	Collector ID

Specimen Type	Site	Procedure Notes
☐ Aspirate ☐ Biopsy	☐ Rt. Iliac Crest ☐ Lt. Iliac Crest ☐ Sternum	☐ Clotted ☐ Dry Tap ☐ Difficult Draw

Clinical Diagnosis and History

Reason for testing *(check off appropriate boxes)* ☐ Diagnostic ☐ Follow-Up ☐ Unknown _____

Select one or more of the following indications and the clinical factors present *(check off appropriate boxes)*

☐ **Lymphoma-Lymphoproliferative Disorder**

- ☐ Abnormal lymphocytes reported
- ☐ Suspected/known CNS lesion
- ☐ Autoimmune/Rheumatologic phenomena
- ☐ Comments _____
- ☐ Lymphadenopathy
- ☐ Constitutional/ B-Symptoms
- ☐ Immunosuppressed/ Immunodeficient
- ☐ Splenomegaly
- ☐ Query ALPS
- ☐ Query LGL Leukemia
- ☐ Hepatomegaly
- ☐ Celiac Disease
- ☐ Suspected/known malignant effusion

☐ **Acute Leukemia**

☐ Circulating blasts ☐ Bone Pain ☐ Low fibrinogen/DIC ☐ Suspected/known Myeloid sarcoma
☐ Has received G-CSF ☐ Comments _____

☐ **Plasma Cell Neoplasia**

☐ Calcium elevated ☐ Suspicious of known Amyloidosis ☐ Renal failure ☐ Bone lytic lesions
☐ Monoclonal Proteins ☐ Circulating plasma cells reported ☐ Comments _____

☐ **Minimal Residual Disease**

☐ B-ALL ☐ T-ALL ☐ AML ☐ Myeloma ☐ Lymphoma
☐ Post-Induction ☐ Post-Transplant ☐ Other *(specify)* _____

Number of Days Post Transplant/Induction _____
Comments _____

☐ **Pancytopenia** ***(Bone Marrow ONLY)***

☐ Circulating blasts ☐ Bone pain ☐ Low fibrinogen/DIC ☐ Suspected/known Myeloid sarcoma
☐ Has received G-CSF ☐ Abnormal lymphocytes reported ☐ Lymphadenopathy ☐ Splenomegaly
☐ Hepatomegaly ☐ Constitutional/B-Symptoms ☐ Celiac Disease ☐ Autoimmune/Rheumatologicphenomena
☐ Query LGL Leukemia ☐ Query ALPS ☐ Renal failure ☐ Circulating plasma cells reported
☐ H Suspect/known CNS lesion ☐ Suspected/known malignant effusion ☐ Calcium elevated ☐ Immunosuppressed/Immunodeficient
☐ Bone lytic lesions ☐ Suspicious or known Amyloidosis ☐ Monoclonal Proteins ☐ Comments _____

What is the primary indication for testing ***(check off appropriate boxes)***

☐ MDS ☐ AML ☐ B-cell ALL ☐ T-cell ALL ☐ CMML ☐ CML ☐ CLL ☐ MPD ☐ APL ☐ LPD ☐ Plasma Cell
☐ Neoplasm Neutropenia ☐ Pancytopenia ☐ Eosinophilia ☐ Lymphoma unspecified ☐ Aggressive Lymphoma unspecified
☐ Burkitt Lymphoma ☐ Diffuse large B-cell LymphomaMantle ☐ Cell Lymphoma ☐ Other _____ ☐ Comments_____

Testing Required

Bone Marrow Panel *(check off appropriate boxes):*

☐ Bone Marrow Exam *(required)* ☐ Bone Marrow Cell Differential ☐ Leukemia/Lymphoma Immunophenotyping
☐ Cytogenetic Analysis ☐ Plasma Cell Neoplasm NGS ☐ Hold RNA for Molecular Pathology ☐ Hold DNA for Molecular Pathology
Other *(specify):* _____

Complete appropriate requisition for chimerism studies (Flow Cytometry requisition), referred out testing, and/or research studies.