Alberta Health Services

Bone Marrow Request

Place patient label here

What is the purpose of the bone marrow examination? (check off appropriate boxes)

☐ Anemia Therapy? ☐ No ☐ Yes Recent Transfusions? ☐ No ☐ Yes	☐ Leukemia: Follow up *Cytogenetics*
☐ Acute Leukemia: Initial diagnosis *Flow & Cytogenetics*	☐ Lymphoma: Follow up *Flow*
☐ Lymphoma: Initial diagnosis *Flow & Cytogenetics*	☐ Lymphoma, Hodgkins: Staging *(Trephine Biopsy, do NOT send flow or cyto)*
☐ Lymphoma: Staging *Flow*	☐ Myeloproliferative Disorder *Cytogenetics*
☐ Multiple Myeloma/MGUS *Flow & Cytogenetics* (Cyto optional by physicians order)	☐ Idiopathic Thrombocytic Purpura (ITP) *(Do NOT send flow or cyto)*
☐ Myelodysplasia *Flow & Cytogenetics*	☐ Other Cytopenias _____ *Flow*
☐ Chronic Leukemia *Flow & Cytogenetics*	☐ Other _____ *No Flow & No Cytogenetics*
☐ Metastatic Disease *No Flow & No Cytogenetics*	**Molecular Hematology:** ☐ DNAR BM Chimerism Studies – Unsorted Recipient Cells ☐ PHLR BM Ph' Chromosome Transcript Analysis *(Nested PCR)* ☐ APL BM APL Transcript Analysis *(Nested PCR)* ☐ JAK2 BM JAK2-V617F Mutation Analysis ☐ FLT3 BM FLT-3 Mutation Analysis ☐ QPCRPH1 Quant PCR Analysis of BCR-ABL fusion gene ☐ NPM1 BM NPM1 Mutation Analysis ☐ MH Misc Specify: _____
Clinical and other information Spleen enlarged ☐ No ☐ Yes Hepatomegaly ☐ No ☐ Yes Lymphadenopathy ☐ No ☐ Yes	
Medications:	
Other blood tests required: _____	
Routine Tests Performed: CBC, Manual Diff, Retic, Smear to Path	
LAB Use	Referring Pathologist:

Peripheral Blood Specimens Collected Date *(yyyy-Mon-dd)* _____ Time *(24hr)* _____

BM Specimens Collected Date *(yyyy-Mon-dd)* _____ Time *(24hr)* _____

BM Aspirate Iliac Crest: ☐ Right ☐ Left Bone Marrow Particles Present? ☐ No ☐ Yes
Sternum _____ Dry Tap? ☐ No ☐ Yes

Trephine Biopsy ☐ No ☐ Yes Site ☐ Right iliac ☐ Left iliac

Trephine Biopsy "Touch" Prep ☐ No ☐ Yes

Flow Cytometry Collected? BM Aspirate ☐ No ☐ Yes Referred? ☐ No ☐ Yes
BM Biopsy ☐ No ☐ Yes Referred? ☐ No ☐ Yes

Cytogenetics Collected? BM Aspirate ☐ No ☐ Yes Referred? ☐ No ☐ Yes

Microbiology Specimens? ☐ Fungus (Citrate tube) ☐ Culture (pediatric blood culture bottle)
☐ TB Culture (5ml Na heparin tube) ☐ Virology (EDTA tube)

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Bone Marrow Request
Synoptic Report

BM # _____

Hematology Data:

CBC Report: _____: H_____

Peripheral Smear Morphology:

_____

_____

Bone Marrow Data:

Bone Marrow Gross Description:

1 _____

_____

2 _____

_____

Bone Marrow Aspirate Differential & Quantitative Data:

BM Differential Report _____:HS_____

Bone Marrow Aspirate and Core Morphology:

Adequacy	Aspirate	☐ Yes	☐ No		
	Core	☐ Yes	☐ No		
Cellularity:		☐ Decreased	☐ Normal	☐ Increased	
ME Ratio:		☐ Decreased	☐ Normal	☐ Increased	**M:E Ratio:** _____
Myeloid Series:		☐ Normal			
Erythroid Series:		☐ Normal	☐ Megaloblastic	Dysplastic	
Megakaryocytes:		☐ Normal			
Lymphoid Series:		☐ Normal			
Other Cells:		☐ Absent			
Iron Stores:		☐ Absent	☐ Decreased	☐ Normal	☐ Increased
Ring Sideroblasts:		☐ Absent	☐ Present		
Fibrosis:		☐ Absent	☐ Present		
Bone Trabeculae:		☐ Normal	☐ Abnormal		

Discussion:

_____

_____

Diagnosis:

_____

_____