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

- Anemia Therapy? □ No □ Yes
- Recent Transfusions? □ No □ Yes
- Leukemia: Follow up
- Acute Leukemia: Initial diagnosis
- Lymphoma: Follow up
- Lymphoma: Initial diagnosis
- Lymphoma, Hodgkins: Staging
- Lymphoma: Staging
- Multiple Myeloma/MGUS
- Myeloproliferative Disorder
- Myelodysplasia
- Other Cytopenias
- Chronic Leukemia
- Other
- Metastatic Disease
- No Flow & No Cytogenetics

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

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
- Dry Tap? □ No □ Yes
- Sternum

Trephine Biopsy
- □ No □ Yes
- Site □ Right iliac □ Left iliac

Trephine Biopsy “Touch” Prep
- □ No □ Yes

Flow Cytometry Collected?
- BM Aspirate □ No □ Yes
- BM Biopsy □ No □ Yes
- Referred? □ No □ Yes

Cytogenetics Collected?
- BM Aspirate □ No □ Yes
- Referred? □ No □ Yes

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