

## BONE MARROW & PERIPHERAL SMEAR CONSULTATION PROCESSING WORKSHEET

Patient Name: \_\_\_\_\_ Location: \_\_\_\_\_

Hospital No: \_\_\_\_\_ Ordering Physician(s): \_\_\_\_\_

Specimen type: (circle one)    aspirate    core biopsy    aspirate/core    peripheral blood only

Collected by: \_\_\_\_\_ Collection date: \_\_\_\_\_ Collection time: \_\_\_\_\_

Collection site: (circle one)                    LPIC                    RPIC                    sternum

Reason for study: \_\_\_\_\_

Clinical findings: (circle)    lymphadenopathy    splenomegaly    hepatomegaly    none

Recent chemotherapy: (circle)    NO    YES    Date of last dose: \_\_\_\_\_

**Additional testing:**

Sodium heparin (green top) tube collected:

Peripheral Blood (circle one)	NO	YES
Bone Marrow (circle one)	NO	YES

Studies requested by patient's physician (required information):

	NO	YES
Routine Cytogenetics (chromosomes)	<input type="checkbox"/>	<input type="checkbox"/>
Flow Cytometry (surface markers)	<input type="checkbox"/>	<input type="checkbox"/>
Cultures	<input type="checkbox"/>	<input type="checkbox"/>
FISH, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
Molecular, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>

Above orders entered into system by: \_\_\_\_\_ on \_\_\_\_\_ (date/time)

Physician signature (optional) \_\_\_\_\_

**For PMS/NLL Use Only:**

PMS accession number: \_\_\_\_\_

Slides received in histology: \_\_\_\_\_ (date/time) time core placed in decal \_\_\_\_\_

CBC/HP printout received?    YES    NO    (If no, please notify secretary)

Number of cassettes made: \_\_\_\_\_ clot: \_\_\_\_\_ core: \_\_\_\_\_

Clot remaining?    YES    NO

Comments: