NORTH MISSISSIPPI MEDICAL CENTER

Tupelo, Mississippi

Bone Marrow Requisition

PATIENT IDENTIFICATION

TIENT INFOI Name:			Doctor:	
()	Inpatient Room #:	MR#:		Date:
	Hematology/Oncology C			
E: []	Right Iliac Crest	[] Left Iliac Crest	[] Other:	
RKING CLIN	IICAL DIAGNOSIS (Re	ason for bone marrow exa	am):	
[]	Pancytopenia	[] Rule out Granuloma[] Possible Infection		
		[] Lymphoma Staging	,	
	Possible Metastatic Turr Patient Immunosuppres	or (Tumor Type: sed)	
	Rule out Myeloproliferat			
		erapy for Acute Leukemia		
	Monoclonal Protein (Previous Chemotherany) Serum () Urine (Give date of therapy:)
	Other (Detailed)	(Olvo date of therapy.		/
ΓERIAL:	,			
	Marrow Smears	(Number:)
[]	Aspirate Material for Clo	t Preparation		
	Touch Preps from Biops	y (Number:)
	Bone Marrow Biopsy Bone Marrow (0.5-1.0 m	lls) in an ACD (yellow stopp	ered) Tube	
[]		sytometry (Quest-35080)(Sc		
	Bone Marrow (1 ml) in S	odium Heparin (green stop		
[[] Send for:	Quest-14600X)(SQ-QCHHI	B)	
[/elodysplasia (Quest-19799		
j	[] FISH Panel - Ad	ute Myeloid Leukemia (Que	est-90871)(SQ-QFAML	
		IL M3,PML/RARA, Translo		
		ute Lymphoid Leukemia (Q	, ,	AL)
	: :	asma Cell Myeloma (Quest gh Grade B-Cell Lymphoma		FRI D)
)(Quest-12070X)(SQ-QFISH)
[nronic Lymphocytic Leukem		
i I	Other Special To	ests Desired:	(44001	. 322)
•	•			
ering Physic	cian:	Da	ate:	Time:
	cian:	Da s above as deemed neces		Time:
ag . atıı	500 CELL DIFF		0 CELL DIFF	[] NO DIFF

Lab Use Only	Stained	Unstained	
Bone Marrow Smears			
Marrow Smear Reviewed by:	_, Pathologist		

