



LAB02

ALLINA HEALTH LABORATORY
BONE MARROW REQUEST
2800 10th Ave. S., Ste 2000, Minneapolis, MN 55407
Phone: 612-863-4678 • Fax: 612-863-4067
www.allinahealth.org/laboratory

BILL TO (MUST CHECK ONE): CLIENT PATIENT/ INSURANCE

Submitter: **XADO (Opt OUT/Non-Participating Patient)**

Facility Name: _____

Address: _____

Phone: _____

Complete Provider Name: _____

-AND-
Provider Allina Health ID Number: _____

-OR-
Provider NPI Number: _____

Fax report to (____) _____ - _____

DATE & TIME COLLECTED		DRAWN BY (A#)	
SOCIAL SECURITY #	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YYYY)	
PATIENT NAME: LAST, FIRST M.I.			CHART #
PATIENT ADDRESS: STREET and CITY			
STATE	ZIP	PATIENT PHONE (____) _____	
<input type="checkbox"/> MEDICARE PRIMARY <input type="checkbox"/> MEDICARE SECONDARY			
MEDICARE			
MEDICAL ASSISTANCE NUMBER		STATE	
INSURANCE CO. NAME	RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPEND. <input type="checkbox"/> OTHER		
POLICY HOLDER'S NAME		POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT)	
SUBSCRIBER ID #		GROUP #	
Dx1	Dx3	PHYSICIAN SIGNATURE	
Dx2	Dx4	REFERRING PHYSICIAN	

INSURANCE

851 – Bone Marrow Study

CBC/Differential and Reticulocyte count results are required as a part of the Bone Marrow Study. Indicate if testing was performed at your site and the results are included, or if Allina Health Laboratory is to perform the tests.

CBC/Diff: Results included
 400 (AHL to run)
Reticulocyte: Results included
 499 (AHL to run)

Reason for bone marrow:

Flow Cytometry? Per Pathologist No Yes (Provide details) _____

Cytogenetics? Per Pathologist No Yes (Provide details) _____

FISH? Per Pathologist No Yes (Provide details) _____

Molecular? Per Pathologist No Yes (Provide details) _____

Micro/virology? Per Pathologist No Yes (Provide details) _____

Specimen sent:

#cc _____ Heparin BM aspirate Rec'd _____

#cc _____ EDTA BM aspirate Rec'd _____

#cc _____ EDTA peripheral blood Rec'd _____

_____ Core(s) right Rec'd _____

_____ Core(s) left Rec'd _____

#cc _____ Other: _____ Rec'd _____

Slides sent:

#slides _____ P.B. Rec'd _____

#slides _____ Touch preps Rec'd _____

#slides _____ Direct smears Rec'd _____

#slides _____ ME (concentrate) Rec'd _____

#slides _____ Other: _____ Rec'd _____

Affix
RQ Label
Here

AHL USE ONLY:

TUBE(S) RECEIVED: Green _____ EDTA (purple) _____ Plain Red _____ Transfer tube _____ SPECIMENS COLLECTED: Cup _____ Syringe _____ Slides _____

BONMAR (7/15)