

**DO NOT ORDER MANUALLY;
 ORDER EXISTS IN BEAKER**

INSURANCE

Enter the patient name, date of birth and MRN in this space, or affix a patient label containing this information here:

Sending location: _____

This completed form must accompany the bone marrow specimen to Allina Health Laboratory

Bone Marrow study

CBC/Differential and Reticulocyte count results are required as a part of the Bone Marrow Study. If testing was performed at your site ensure that a copy of the results are included, or if Allina Health Laboratory is to perform the tests, place a separate order for the required test(s).

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	Rec'd
Heparin BM aspirate	#cc	
EDTA BM aspirate	#cc	
EDTA peripheral blood	#cc	
Core(s), right	#	
Core(s), left	#	
Other	#cc	
Slides	Sent	Rec'd
P.B. slides	#	
Touch preps slides	#	
Direct smears slides	#	
ME (concentrate) slides	#	
Other slides	#	

AHL USE ONLY:

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