

Bone Marrow Worksheet

851/LAB851

Complete the shaded areas on this worksheet and submit the completed document with the samples. Refer to the Bone Marrow Study (851/LAB851) in the Allina Health Laboratory Test Catalog for scheduling and transportation guidelines.

<i>Patient label or complete information below:</i> Name: DOB: MRN#:	Date/time scheduled:
	Location:
	<input type="checkbox"/> Excellian orders checked?
Collecting/ordering information	
Diagnosis:	
Ordering MD:	Phone #:
Contact name:	Phone #:
Tech taking order:	Date/time of order:
Labeling checks and time out activity	
Lab labeling check <input type="checkbox"/> Patient name <input type="checkbox"/> Date <input type="checkbox"/> Ink color _____	Specimen origin Core: <input type="checkbox"/> Right <input type="checkbox"/> Left Aspirate: <input type="checkbox"/> Right <input type="checkbox"/> Left
Time out / Stop activity <input type="checkbox"/> Patient verified <input type="checkbox"/> Verify proper equipment available <input type="checkbox"/> Procedure explained <input type="checkbox"/> Consent form signed <input type="checkbox"/> Print patient labels <input type="checkbox"/> Procurement performed by: _____	<input type="checkbox"/> Dry tap <input type="checkbox"/> Clotted sample <input type="checkbox"/> No clot section <input type="checkbox"/> Other: _____ _____ _____
Pathologist's notes:	