

Haematology Diagnostic Service Bone Marrow Aspirate Request Form

Enquiries: Immunophenotyping 0121 424 0704; Molecular Haematology 0121 424 3704
www.heftpathology.com

Please complete ALL Sections

PID number:	NHS Number:
Surname:	Forename:
Date of birth: Male / Female	Clinical details:
Please select: BHH GHH SOL	
Ward:	Consultant:

Sample(s) must be labelled with *minimum* of full name *and* PID no. *or* NHS no. and details *must* match those on request form.

Requested by:	First / Follow up	Date of aspirate	Time of aspirate
Aspirate performed by:	Peripheral blood taken Yes/ No	Patient sedated Yes/ No	Written consent from patient? Yes/ No

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Fbc Results:</td> </tr> <tr> <td style="width: 20%;">Wbc</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">x 10⁹/l</td> </tr> <tr> <td>Hb</td> <td></td> <td style="text-align: right;">g/l</td> </tr> <tr> <td>Plts</td> <td></td> <td style="text-align: right;">x 10⁹/l</td> </tr> <tr> <td>MCV</td> <td></td> <td style="text-align: right;">fl</td> </tr> <tr> <td colspan="3">Diff Results:</td> </tr> <tr> <td>Neuts</td> <td></td> <td style="text-align: right;">x 10⁹/l</td> </tr> <tr> <td>Lymphs</td> <td></td> <td style="text-align: right;">x 10⁹/l</td> </tr> <tr> <td>Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Date/Time Rec'd (lab use only)</td> </tr> </table>	Fbc Results:			Wbc		x 10 ⁹ /l	Hb		g/l	Plts		x 10 ⁹ /l	MCV		fl	Diff Results:			Neuts		x 10 ⁹ /l	Lymphs		x 10 ⁹ /l	Other			Date/Time Rec'd (lab use only)			<p style="text-align: center;"><u>Additional Investigations</u></p> <p>Cytogenetics Yes / No Taken & sent by:</p> <p>Trephine Yes / No Taken & sent by:</p> <p>Immunophenotyping (please Tick)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Myelodysplasia screen</td><td></td></tr> <tr><td>Acute leukaemia screen</td><td></td></tr> <tr><td>Lymphocyte screen</td><td></td></tr> <tr><td>Myeloma/MGUS screen</td><td></td></tr> </table> <p>Residual disease screening:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AML</td><td></td></tr> <tr><td>B-ALL</td><td></td></tr> <tr><td>T-ALL</td><td></td></tr> <tr><td>Myeloma</td><td></td></tr> <tr><td>CLL</td><td></td></tr> </table> <p>FISH referral (please indicate test required):</p>	Myelodysplasia screen		Acute leukaemia screen		Lymphocyte screen		Myeloma/MGUS screen		AML		B-ALL		T-ALL		Myeloma		CLL	
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