

BONE MARROW REQUISITION

NURSING/CLERICAL STAFF

- **MUST CONTACT LAB, EXT 3104, 3116 OR 3110 before procedure begins, so proper collection tubes are available.**
- Original copy of this checklist MUST be charted as documentation of the physician order.
- LAB/PATH staff will take the copy of the form with the specimens to the lab and order all procedures in the computer.

PHYSICIAN CHECKLIST - Please provide patient history, indicate tests desired and sign requisition.

PATIENT HISTORY/ DX provided by clinician: _____

SURGICAL PATHOLOGY

- BIOPSY
- ASPIRATE for smears (made by lab staff)
- ASPIRATE CLOT for cell block (made by lab staff)

CULTURES

- CULTURE, AEROBIC & ANAEROBIC
- ACID FAST CULTURE & SMEAR
- FUNGUS CULTURE

SPECIMEN REQUIREMENT

- Core in formalin
- EDTA (purple top tube)--Invert several times to mix.
- Clot in a syringe--Remove needle, replace with syringe cap

LAB

- CBC & RETIC – peripheral blood (**Required**)

MUST collect within 2 hr of Bone Marrow Collection

REFERENCE AND SPECIAL TESTING - For REFERENCE / SPECIAL TESTS, please indicated which tests are desired. Alternatively, provide SPECIFIC or SUSPECTED DIAGNOSIS, PHYSICAL FINDINGS and PERTINENT LAB RESULTS TO ALLOW FOR PROPER TEST SELECTION BY PATHOLOGIST.

CHROMOSOME ANALYSIS

- CYTOGENETICS
- PHILADELPHIA CHROMOSOME (CML)
- FISH –requires a specific DX in order to select the proper test

Sodium Heparin (green top tube), 3 ml with a 1 ml minimum. Invert several times to mix.

IMMUNOPHENOTYPING by FLOW CYTOMETRY

- ACUTE/ CHRONIC LEUKEMIA / LYMPHOMA -For LEUKEMIA/ LYMPHOMA involving LYMPHOCYTES/PLASMA CELLS (CLL, ALL, MYELOMA)

Sodium Heparin (green top tube) – 3 ml with a 1 ml minimum. Invert to mix.

PHYSICIAN SIGNATURE: _____

Checklist Revised: June, 2000, June 2004, January 2008_

DATE: _____

PATIENT LABEL HERE