Department of Hematopathology
BONE MARROW BIOPSY INFORMATION

Please ensure this form is completed and submitted with bone marrow sample. The provision of accurate clinical data is essential for assessment of bone marrow samples. CBC results with peripheral smear should be made available with case to ensure optimal evaluation.
If there are any questions about specimen submission please contact Dr. Fundyler/Dr. McIntire/Dr. Hanly (912) 261-2669

PATIENT INFORMATION

Name: Attach sticker if available	Biopsy performed by: Date of bone marrow biopsy: Copy of report to:

DIAGNOSIS/DIFFERENTIAL DIAGNOSIS

ALL	Myeloma	Folate Deficiency
AML	Lymphoma Hodgkins	B12 Deficiency
CLL	Lymphoma Non Hodgkins	Iron Deficiency
CML	Polycythemia	Metastatic tumor
MDS	Aplastic anemia	Infectious Disease
Other (please specify)		

RECENT LABORATORY RESULTS (please attach if available)

Test	Performed		
CBC	☐ Yes	☐ No	☐ Not Available
B12	☐ Yes	☐ No	☐ Not Available
Folate	☐ Yes	☐ No	☐ Not Available
Serum iron	☐ Yes	☐ No	☐ Not Available
TIBC	☐ Yes	☐ No	☐ Not Available
Ferritin	☐ Yes	☐ No	☐ Not Available
Serum electrophoresis	☐ Yes	☐ No	☐ Not Available
IFE	☐ Yes	☐ No	☐ Not Available
Previous bone marrow examination	☐ Yes	☐ No	☐ Not Available
Previous lymph node biopsy	☐ Yes	☐ No	☐ Not Available
Other relevant studies:	☐ Yes	☐ No	☐ Not Available

SPECIAL STUDIES REQUESTED

Flow Cytometry	☐ Yes	☐ No	
Cytogenetics	☐ Yes	☐ No	
Gene Rearrangement	☐ Yes	☐ No	
FISH	☐ Yes	☐ No	
Microbiological Culture	☐ Yes	☐ No	☐ Fungal ☐ TB ☐ Bacteria ☐ Other

Material Submitted

Peripheral smear #	Aspirate smear #	Green top tube #	Purple top tube #	Microbiology specimen:

Specimen submitted by:

Name _____ Date _____