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BONE MARROW EXAMINATION

PATIENT/CASE INFORMATION			
Patient	DOB		
Clinician	Collectio	n Date	
Procedure Performed at (please provide facility name)	<u>i</u>		
BONE MARROW EXAMINATION (choose all th	at apply)		
☐ Bone Marrow Examination ☐ Aspirate ☐ Core ☐ Clot ☐ Periphera	al smear and CBC		
☐ Send for flow cytometry for leukemia/lymphoma			
☐ Send for cytogenetics			
☐ Other			
HISTORY (choose all that apply)			
☐ Lymphadenopathy ☐ Hepatomegaly ☐ Skin lesions	☐ Splenomegaly ☐ Mediastinal mass ☐ Infections	☐ Iron☐ Vitamin B12☐ Folate	
TREATMENT HISTORY (choose all that apply)			
☐ Chemotherapy/immunosuppressive agent☐ Recent transfusions	☐ G-CSF or related factors ☐ Other drugs		
ADDITIONAL HISTORY			