**E**H

## THE CHILDREN'S HOSPITAL OF PHILADELPHIA

**Department of Pathology** 

Hematology Bone Marrow Aspirate Submission Form

Patient Identification/ID Sticker:		
Name:	<b>Provider Data:</b>	
Medical Record #:	BM Performed by: _	
Sex:DOB: / /	Attending MD:	
	Primary Contact:	
Procedure Data:		
Date: / /	<u>Biopsy Obtained?</u>	First Procedure?
Procedure Location:	Yes	Aspirate
	No	Biopsy
Site (check all applicable): Difficu	lty:	
Right Posterior IliacEasy		
Left Posterior Iliac Moder		
Right Anterior Iliac Diffic		
Left Anterior Iliac Unsuc	cessful	
Aspirate collection procedure: La	bel tubes with <b>nosition number/nu</b>	ll number (1/1 for
first position/first pull). If bi-lateral, in		
full description.	idicate Left and Right. See martow	
First Position (1/x)		
	urple EDTA (label 1/1) and then green 1	NaHenarin (label 1/1)
	2 purple EDTA, rotate q1-2cc (label bot	
<ul> <li>If no second site, pull 5cc in ho</li> </ul>		
• Second Position (2/x)		
× ,	reen NaHeparin (label 2/1) and then pu	rple EDTA (label 2/1).
<ul> <li>Second pull: 5cc in heparinized</li> </ul>		
If unable to obtain marrow aspire		
Obtain 3 bone marrow biopsy core		
	touch preps on slides, place in AZF me	edia.
1 00	a for flow cytometry and cytogenetics.	
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## To be filled in by Pathology Only

Accession #:	IN HOUSE TESTS: / Flow / RNAlater	BM Counted? Yes
Date Received:// Time Received: AM/PM	/       Heme panel       /       Karyotype         /       Fe Stain       /       SNIP         /       FISH       /       Engraftment	
Peripheral Smear:	SEND OUT TESTS: / T-Cell Gene Rearrangement	LAB BARCODES:
Hematology BMF Study Patient	/ MRD Flow	
Please DO NOT refrigerate 1 EDTA &		
1 Heparin tube, we will pick it up	Adaptive HTS-MRD	
Pager: 77520		
Extensions: x69376, x66765		