



DIAGNOSTIC SERVICES
OF MANITOBA
SERVICES DE DIAGNOSTIC
DU MANITOBA

Bone Marrow Review/Consult Request

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Approved by:

Dr. Carmen Morales

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04-MAY-2012

BONE MARROW REVIEW/CONSULT REQUEST

****THIS FORM MUST BE COMPLETED IN ITS ENTIRETY****

DATE OF REQUEST

REQUESTING PHYSICIAN TO COMPLETE PART A AND FORWARD FORM TO ORIGINAL TESTING SITE.

A) FILL IN THE FOLLOWING:

DATE OF BONE MARROW: _____ (DD/MM/YEAR)

DOCTOR REQUESTING CONSULT: _____

PHONE #: _____

FAX #: _____

PATIENT DEMOGRAPHICS (INSERT ADDRESSOGRAPH IF AVAILABLE)

PATIENT NAME: _____

DATE OF BIRTH: _____ (DD/MM/YYYY)

PHIN: _____

REASON FOR REQUEST/CLINICAL INDICATION/PATIENT HISTORY:

ORIGINAL SITE WILL COMPLETE PART B, GATHER MATERIAL IN PART C, AND SEND SLIDES AND THIS FORM AS DIRECTED IN PART D

B) COMPLETE ALL OF THE FOLLOWING INFORMATION:

TYPE OF PROCEDURE (CHECK): ASPIRATE+BIOPSY ASPIRATE ONLY BIOPSY ONLY

SITE: ILIAC CREST LEFT RIGHT STERNAL OTHER _____

ANCILLARY STUDIES: MOLECULAR FLOW CYTOMETRY CYTOGENETICS NONE

DOCTOR WHO PERFORMED THE BONE MARROW: _____

HOSPITAL/CLINIC WHERE BONE MARROW WAS PERFORMED: _____

C) WE REQUIRE ALL OF THE FOLLOWING TO COMPLETE THE REVIEW, IF PERFORMED:

- PERIPHERAL BLOOD FILM AND CBC REPORT FROM THE DATE OF PROCEDURE
- ALL BONE MARROW ASPIRATE SLIDES, INCLUDING ANY UNSTAINED SLIDES
- A COPY OF THE BONE MARROW ASPIRATE REPORT
- THE STAINED BONE MARROW BIOPSY SLIDES AND ALL SPECIAL STAINS, IMMUNOHISTOCHEMISTRY SLIDES, AND ASSOCIATED REPORTS.
- A COPY OF THE BONE MARROW BIOPSY REPORT
- TWELVE (12) UNSTAINED BIOPSY SLIDES, OR PREFERABLY, THE BIOPSY BLOCK
- STAINED AND UNSTAINED BONE MARROW BIOPSY IMPRINT SLIDES
- ANCILLARY STUDY REPORTS IF PERFORMED ON THIS MARROW, INCLUDING MOLECULAR/FLOW CYTOMETRY/CYTOGENETICS/FISH

NOTE: SUBMITTED MATERIAL SHOULD BE LABELLED WITH THE FIRST AND LAST NAME AND UNIQUE CASE NUMBER. FAILURE TO PROVIDE NECESSARY MATERIAL MAY IMPEDE THE REVIEW PROCESS.

D) SEND SLIDES, INFORMATION/REPORTS, AND THIS COMPLETED FORM TO:

HSC HEMATOLOGY LAB
MS559 – 820 SHERBROOK STREET
WINNIPEG, MB

**** INCLUDE THE FOLLOWING ON THE PACKAGE ****

DO NOT OPEN
DELIVER DIRECTLY TO HEMATOLOGY LAB
ATTENTION: BONE MARROW BENCH

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE BONE MARROW BENCH AT:

PHONE: 204-787-1051
FAX: 204-787-1623