For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

THIS SPACE FOR LAB USE ONLY:
PLACE **LIS** LABEL HERE:

BONE MARROW TRIAGE CONFIRMATION REQUISITION

THIS SPACE FOR LAB USE ONLY:
PLACE **HMD** LABEL HERE:

Fields marked with * are mandatory and must be clearly legible or can result in specimen rejection

Ordering Provider Information		
*Last & Full First Name:		Billing Code:
*Inpatient Location/Facility Name/Address:		
Ph #		
Critical Results Ph #:	Fax #:	
Copy Report To *(if info missing, report may not be sent)*:		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		
Last & Full First Name:	Ph #:	Fax #:
Facility Name/ Address:		

Patient Information *(print or use addressograph)*
*Last/First Name: (per Health Card)

* Date of Birth (dd/mm/yyyy)

*Sex: □ Female □ Male
*PHIN: Specify Province or DND if different
MRN:
Encounter #:

Demographics verified via:
☐ Health Card ☐ Armband ☐ eChart/CR ☐ Other

COLLECTION INFORMATION (fields marked with ♦ required by person collecting sample)

♦**Collector:**	♦**Collection Date:**	♦**Collection Facility/Lab:**	♦**Collection Time:**

Additional Samples collected prior to Triage:	Site Log/File Number (HSC): _____	Previous Bone Marrow(s) ❑ Yes (attached) ❑ No
Immunophenotyping (Flow) ❑ Collected ❑ Not collected	Requested by Hematopathologist ❑ Yes ❑ No Instructions:	
Cytogenetics ❑ Collected ❑ Not collected	Requested by Hematopathologist ❑ Process ❑ Fix only ❑ No Instructions:	
FISH ❑ Collected ❑ Not collected	Requested by Hematopathologist ❑ Yes ❑ No Instructions:	
Molecular Studies ❑ Collected ❑ Not collected	Requested by Hematopathologist ❑ Yes ❑ Secure and Store ❑ No Instructions:	

Total # of biopsies: _____ Formalin:____ RPMI/saline: _____	Process for: ❑ Histology ❑ Cytogenetics ❑ Flow ❑ Molecular Cutting instruction: _____

Slide available for iron: ❑ Yes ❑ No **Process:** ❑ Yes ❑ No

Triaged by: _____ Date/Time: _____