

**REQUISITION AND HISTORY SHEET FOR BONE MARROW EXAMINATION**

**Patient Label:** \_\_\_\_\_ **Bone Marrow Case #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Power Path Ordering Code:** \_\_\_\_\_

**Copy of the report to Dr(s):** \_\_\_\_\_

The following information is requested to facilitate the interpretation of the bone marrow preparation and to aid in clinical correlation. Please provide as much information as possible.

**NO BONE MARROW REPORT WILL BE RELEASED WITHOUT THIS INFORMATION**

Please print clearly:

A. REASON FOR REQUEST AND PERTINENT CLINICAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

B. TESTS REQUESTED:  UNILATERAL  BILATERAL **Side:**  LEFT  RIGHT

- FLOW CYTOMETRY (Yellow Top – ACD) (will be performed if indicated following initial pathologist review)  
 CYTOGENETICS (Green Top: **XL8**-Chromosomal Analysis for Hematopoietic Disorders)

C. PLEASE INDICATE ANY SPECIAL TESTING TO BE PERFORMED

**FISH Testing Panels (B Cell Disorders) (COLLECT EXTRA GREEN TOP TUBE)**

- K476 AML Panel  K478 ALL Panel  
 K575 Multiple Myeloma (MM)  K475 CLL Panel  
 Other FISH\*\* (Specify) \_\_\_\_\_

**Gene Rearrangements by PCR (Leukemia) Individual Tests (Lavender Top)**

- XL6 BCR/ABL [t(9;22)]  XL64 BCR/ABL, **Quant** (Lab Corp)  
 XL52 TEL/PDGFR [t(5;12)]  XL57 NPM/MLFI [t(3;5)]  XL21 PML/RARA [t(15;17)]

**Gene Rearrangements (Lymphoma) (Lavender Top)**

- XL25 BCL-1 [t(11;14)] (PCR)  XL7 BCL-2 [t(14;18)] (PCR)  
 XL50 NPM/ALK [t(2;5)] (PCR)  XL59 BCL-6 (Southern Blot) (Yellow Top – ACD)  
 **JAK-2 Mutation Analysis** (Lavender Top) Blood Center  
 **AML Mutation Panel, NPM1/FLT3** (2 Lavender Tops, 1 ml in each) Mayo Clinic  
 **FIP1L1** (green top tube) Lab Corp

**OTHER TESTS:** \_\_\_\_\_