BONE MARROW BIOPSY REQUEST FORM

Labtests

Email completed referral to bonemarrow@labtests.co.nz

REFERRER TO COMPLETE				
NHI:	**Patient Surname:**		**Given Name:**	
DOB:	**Sex:**	**Address:**		
Patient Phone number:		**Patient email:**		
Requesting Doctor:			**Requestor Code:**	
Requesting Doctor address			**NZMC**	
Copy to			**Ref:**	
Clinical Details:			**On Warfarin or anti-platelet therapy?** ☐	
Doctors signature:			**Date:**	

LABORATORY USE ONLY			
Collection Date:	**Collection Time:**	**Collected by (sign):**	**Smear Prep/stained by (sign):**

☐	**? On Warfarin or anti-platelet therapy**
☐	**Diagnostic / Staging bone marrow performed by Dr** _____

Site of Biopsy: **RIGHT** ☐ **LEFT** ☐

Bone Marrow Aspirate ☐				
☐	**Iron stain**			
Samples Taken		**Hold**	**Samples to be Sent (Specify Tests Required)**	
☐	**Cell Markers / Immunophenotyping**	☐	☐	
☐	**Chromosome Analysis – Bone marrow**	☐	☐	
☐	**Molecular Haematology**	☐	☐	
Bone Marrow Trephine ☐				

CLINICAL DETAILS		
Pathologist's name and signature	**Contact Number**	**Date:**