BONE MARROW BIOPSY REQUEST FORM

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:**

Booking CheckList	**Booking Details**
☐ Booking confirmed via Phone	**Date:** / /
☐ Booking confirmation Emailed	**Time:**
☐ Entered in SB Calander	**Sign:**________________
☐ Entered in Archiving log	