

Regional Medical Laboratory

Bone Marrow Collection Form

<i>Place patient labels here</i>	<i>Place patient labels here</i>	<i>Place patient labels here</i>
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Collection Site: **Ordering Physician:** _____

Right Iliac Crest **Technician:** _____

Left Iliac Crest **Bone Marrow Collected by:** _____

Sternum

Indicate the number of specimens collected or received at each location below:

Specimen Type	Required Quantity	Quantity collected by Client	Quantity received by CPCL Hemo	Quantity received by Processing
Whole Blood EDTA (<i>lavender</i>)	2 tubes			
BM Aspirate Na Citrate (<i>blue</i>)	1 tube			
BM Aspirate EDTA (<i>lavender</i>)	1 tube			
BM Aspirate Na Heparin (<i>dark green</i>)	1 tube			
BM Clot in Formalin	1 container			
BM Biopsy in Formalin	1 container			
BM Biopsy in RPMI or Saline	Optional for flow			
SPS Tube/Micro Isolator	Optional for micro			

Indicate the number of smears prepared by or received at each location below:
Note: Client preparation of smears is optional, but strongly encouraged.

Unstained Blood Smear	2 smears			
Stained Blood Smear	Optional			
Unstained Biopsy Touch Prep	6-8 preps			
Unstained BM Smear	8-10 smears			

Hematology, please make a copy after your portion is completed and return to CPCL Processing to scan into Millennium