



THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Department of Pathology

Oncology Bone Marrow Aspirate Submission Form

Patient Identification/ID Sticker:

Name: _____
 Medical Record #: _____
 Sex: ___ DOB: __/__/____

Provider Data:

BM Performed by: _____
 Attending MD: _____
 Primary Contact: _____

If **aspirate only procedure**, please place bone marrow **core** sticker **here**.

Procedure Data:

Date: __/__/____
 Procedure Location: _____

Biopsy Obtained?

Yes
 No

First Procedure?

Aspirate
 Biopsy

Site (check all applicable):

Right Posterior Iliac
 Left Posterior Iliac

 Right Anterior Iliac
 Left Anterior Iliac

TEST	Provider Initial	Lab Initials
LL/PAN		___/___
LL/SP		___/___
LL/CYT		___/___
CBMP		___/___
FISH		___/___
Karyotype		___/___
COHEME		___/___
CHOP Day 8 (B-ALL only)		___/___
CHOP Day 29 (B-ALL only)		___/___
B-ALL MRD (UW)		___/___
FLT3		___/___
AML-MRD		___/___
Engraftment studies		___/___
Adaptive		___/___

To be filled in by Pathology Only**Accession #:** _____

Date Received: __/__/____
 Time Received: _____ AM/PM

BM Counted?Yes

Peripheral Smear _____

Specimen Coordinator Paged (#15951)?

Yes No

Time paged: _____ AM/PM

LAB BARCODES:

Aspirate collection procedure:

Label tubes with **position number/pull number** (1/1 for first position/first pull). If bi-lateral, indicate **Left and Right**. See marrow collection SOPs for full description and volumes.

- New leukemia diagnosis ON STUDY APEC14B1 (unilateral, 3 anchors)
- Liquid – standard (unilateral, 2 anchors)
- New (or new to us) NBL (bilateral)
- Solid tumor / brain tumor – standard (bilateral)

If unable to obtain marrow aspirate:

Obtain 3 biopsy cores.

- 1 core for morphology. Make touch preps on slides, place core in AZF media.
- 2 cores in RPMI media for flow cytometry and cytogenetics.