

Oncology Bone Marrow Aspirate Submission Form

Please call CHOP Hematopathology Lab at (267) 271-8909 or one of the numbers listed above to notify us before sending this sample.

Client ID:	Client Name:	Phone:	Fax:
Address:		City:	State: Zip:

Patient Identification/ID Sticker: (Please also print and attach a Patient Demographics Page/Face Sheet.)	
Name:	
Medical Record #:	
Sex: M <input type="checkbox"/>	F <input type="checkbox"/>
DOB: ___/___/___	
Is the patient on a COG study? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, Nemours will send to COG directly)	

Provider Data:	
BM Performed by:	
Phone:	
Attending MD:	
Phone:	
Primary Lab Contact:	
Phone:	

For cases requested STAT, weekdays after 2 PM, or on weekends:

Please call the assigned Hematopathologist below according to the CHOP weekly schedule:

<u>BM</u> -Beth Margolskee, MD:	(631) 680-8643
<u>MEP</u> -Michelle Paessler, MD:	(215) 284-4083
<u>VP</u> -Vindoh Pillai, MD:	(267) 969-1423
<u>MT</u> -Moe Takeda, MD:	(267) 742-7484
<u>GW</u> -Gerald Wertheim, MD:	(267) 970-5918

(Please list details in section below)

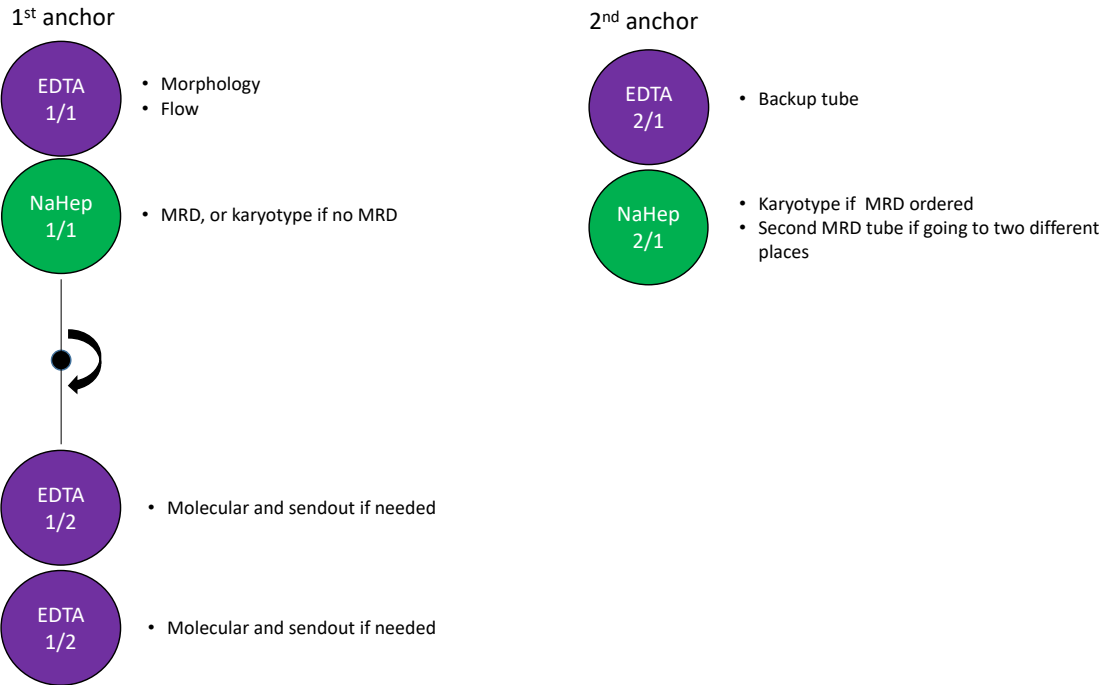
Complete for cases that are requested STAT, weekdays after 2 PM, or weekends:	Date: ___/___/___	Time:	CHOP Hematopathologist contacted:	Comments:
--	-------------------	-------	-----------------------------------	-----------

Collection Info:	Biopsy Obtained?	CHOP Test ID	EAP Code(s)	Test Name	Notes	Lab Initials
Collection Date: ___/___/___	Yes <input type="checkbox"/>	INITIAL TESTS PERFORMED ON EVERY BONE MARROW ASPIRATE AND CORE:				
Collection Time:	No <input type="checkbox"/>	<input type="checkbox"/> BM	800728,800734,800736	Bone Marrow Examination w/Core	<i>Decal, special stains</i>	
Clinical History	Unilateral or Bilateral?	<input type="checkbox"/> BMR	800419	Bone Marrow Aspirate Differential	<i>BM smear & Interp.</i>	
Unilateral <input type="checkbox"/>	Bilateral <input type="checkbox"/>	NEW LEUKEMIA DIAGNOSIS WORKUP TEST LIST:				
		<input type="checkbox"/> LLPAN	806798, 806799 x 41 (max), & 801503	Leukemia/Lymphoma Full Panel		
		<input type="checkbox"/> CAGFI	806997,806994, 807004	Cancer FISH		
		<input type="checkbox"/> CAGCA	806997,807965	Chromosome Analysis-Karyotype Bone Marrow		
		<input type="checkbox"/> COHEM	807163	Comprehensive Hematologic Cancer Panel	<i>Heme + Fusion Panel</i>	
Site (Check All Applicable):		ADDITIONAL/REFLEX TESTING ORDERED BY CHOP PHYSICIANS AS CLINICALLY INDICATED:				
Right Posterior Iliac Crest <input type="checkbox"/>	Right Anterior Iliac Crest <input type="checkbox"/>	<input type="checkbox"/> LLSP	806798, 806799 x 13 (max), & 801758	Leukemia/Lymphoma Screening Panel		
Left Posterior Iliac Crest <input type="checkbox"/>	Left Anterior Iliac Crest <input type="checkbox"/>	<input type="checkbox"/> CBMP	806798, 806799 x 7, 801758	CART Bone Marrow Panel		
# of BM Aspirate Tubes Sent:		<input type="checkbox"/> COARY	807003	Chromosomal SNP Microarray (Genome Wide Array)		
# of BM cores Sent:		<input type="checkbox"/> HEMEP	892856	CHOP Heme Panel		
Specimen Type:		<input type="checkbox"/> MRD29	806798, 806799 x 12 (max), & 801758	MRD-COG DAY 29 Panel (B-ALL only)		
<input type="checkbox"/> Bone Marrow Aspirate		<input type="checkbox"/> BALL	808245-808257	B-ALL MRD (CHLA)		
<input type="checkbox"/> Bone Marrow Core		<input type="checkbox"/> TALL	808258-808277	T-ALL MRD (CHLA)		
<input type="checkbox"/> Peripheral Blood		<input type="checkbox"/> MRD-AML	808021-808037	AML-MRD (Hematologics)		
Please send all specimens to: The Children's Hospital of Philadelphia Attn: Central Lab Services/ STAT LAB SPECIMEN Main Hospital, 5 th Floor Rm. 5188 3401 Civic Center Blvd. Philadelphia, PA 19104-4318 (215) 590-4347 Submit packing lists and specimen tracking information to: SpecimenTracking@chop.edu		<input type="checkbox"/>	807949-807950	TCR Gene Rearrangement (Hematologics)		
		<input type="checkbox"/> FLT3	806387	FLT3 ITD (Univ. of Washington)		
		<input type="checkbox"/> BCELL	808134	B-cell Clonality (Adaptive)		
		<input type="checkbox"/>	808165	B-Cell Tracking (Adaptive)		
		<input type="checkbox"/>	800126	T-Cell Clonality (Adaptive)		
<input type="checkbox"/>	800126	T-Cell Tracking (Adaptive)				

By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at www.chop.edu/labs and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.

CHOP Bone Marrow Draw Sequence SOP

Initial Diagnosis Leukemia (Unilateral) (All tubes contain 1-2mL)



Initial Diagnosis Lymphoma (Bilateral) (All tubes contain 1-2mL)

