

 Penn Medicine Hospital of the University of Pennsylvania DIVISION OF PATHOLOGY AND LABORATORY MEDICINE Hematopathology Laboratory 7 th Floor Founders Building – F.7.027 Phone: 215-662-6196	PATIENT INFORMATION		
	Last Name _____ MRN: _____ DOB: _____ (MM/DD/YYYY)	First Name _____ MI _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
COLLECTION INFORMATION			
Date of Collection (required by law): _____ (MM/DD/YYYY) Time of Collection (required by law): _____ <input type="checkbox"/> AM <input type="checkbox"/> PM (HH:MM)	Name of Collector: _____ Authorizing Provider: _____ Contact Phone Number: _____		
CLINICAL INFORMATION			
ICD-10 Code (required): _____ Clinical Diagnosis or Indication for Test: _____	Previous Pathology with Diagnosis: _____ Previous Treatment: _____ Consultation Questions: _____		
TEST REQUEST			
Bone Marrow Biopsy and Aspirate Evaluation			
Test Request (both sources recommended) <input type="checkbox"/> Surgical Pathology - Hematologic (SPHEM Including Flow Cytometry Workup with Reflex to Molecular Pathology, Cytogenetics, and Next Generation Sequencing) - Bone Marrow, Biopsy <input type="checkbox"/> Surgical Pathology - Hematologic (SPHEM Including Flow Cytometry Workup with Reflex to Molecular Pathology, Cytogenetics, and Next Generation Sequencing) - Bone Marrow, Aspirate			
Specimen Type <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Bone Marrow Aspirate <i>Specify:</i> <input type="checkbox"/> Purple Top Tube (EDTA) <i>Quantity:</i> _____ (3 EDTA each filled with 2-3 mLs recommended) <input type="checkbox"/> Green Top Tube (Sodium Heparin) <i>Quantity:</i> _____ (1 NaHep filled with 2-3 mLs recommended) <input type="checkbox"/> No Additive Collection Tube <i>Quantity:</i> _____ (1 tube filled with 0.5 mLs recommended) </div> <div style="width: 48%;"> <input type="checkbox"/> Bone Marrow Core Biopsy <i>Specify:</i> <input type="checkbox"/> Bone Marrow Core in 10% Neutral Buffered Zinc Formalin <i>Quantity:</i> _____ (1 core 1.0 cm in length recommended) <input type="checkbox"/> Bone Marrow Core in Saline (recommended if dry tap) <i>Quantity:</i> _____ (1 core 1.0 cm in length recommended) <input type="checkbox"/> Bone Marrow Core Touch Prep Slides <i>Quantity:</i> _____ (2 touch prep slides recommended) </div> </div>			
Special Studies <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Flow Cytometry <i>Specify:</i> _____ <input type="checkbox"/> Cytogenetics <i>Specify:</i> _____ <input type="checkbox"/> Molecular Pathology <i>Specify:</i> _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Next Generation Sequencing <i>Specify:</i> _____ <input type="checkbox"/> Send Out Testing <i>Specify:</i> _____ <input type="checkbox"/> Other <i>Specify:</i> _____ </div> </div>			
Hemoglobin Analysis			
Test Request <input type="checkbox"/> Hemoglobin Capillary Electrophoresis with Reflex to Confirmatory Acid Gel Electrophoresis for the Identification of Hemoglobinopathies <input type="checkbox"/> Sickie Solubility (Sickle Cell Prep) for the Qualitative Detection of Hemoglobin S			
Specimen Type <input type="checkbox"/> Peripheral Blood in Purple Top Tube (EDTA) (2-4 mLs recommended)			
Disseminated Tumor Cell Slide Preparation			
Test Request <input type="checkbox"/> Surgical Pathology – Disseminated Tumor Cells (DTC)	Specimen Type <input type="checkbox"/> Bone Marrow Aspirate in Purple Top Tube (EDTA) <i>Quantity:</i> _____ (6-8 mLs recommended)		
INTERNAL USE ONLY			
Special Leukocyte Differential	Pathology Slide Review		
Test Request <input type="checkbox"/> Peripheral Blood Stem Cell Differential (SDIFF) <input type="checkbox"/> Bone Marrow Stem Cell Differential (SCBM DIFF)	Test Request <input type="checkbox"/> Peripheral Blood Slide Review (SR) <input type="checkbox"/> Body Fluid Slide Review (FSR)		