



Form with sections: Patient Information (Name, DOB, SSN, Race, MR#, Address, City, State, Zip, M/F), Insurance Information (Primary Insurance, Company Name, Policy #, Group #/Name, Relationship to Patient), and ICD Diagnosis Codes (1-8). Includes a note about Medicare payment requirements.

Bone Marrow Requisition

Specimen Type and Clinical Information section. Includes checkboxes for BM Biopsy, Aspirate, Slides, and Peripheral Blood/Smears. Clinical information includes checkboxes for INITIAL, STAGING, FOLLOW-UP, POST TRANSPLANT, and various conditions like Anemia, Leukemia, and Myelodysplastic s.

Additional Studies

Additional Studies section with checkboxes for Chromosome Analysis (Karyotype), Fluorescence In-Situ Hybridization (FISH), Cytochemical Stains, Flow Cytometry, Microbiology Cultures, Molecular Diagnostics, Bone Marrow Engraftment/Chimerism, MM MRD, MRD - Hematologics, and Other, specify.

Procured by _____ Lab Assistant _____ Phone Number _____



Form with fields for Patient Legal Name, DOB, Date/Time of Collection, Patient Social Security #, Race, MR#, Patient Address, Phone, City, State, Zip, M/F, 3) Physicians Signature, Order Date, Print Physicians Name, Client Information, Send Additional Report To, and 4) BILL FACILITY / CLIENT with a note about split bill.

Bone Marrow Requisition

Form divided into Specimen Type and Clinical Information sections. Specimen Type includes checkboxes for BM Biopsy, BM Aspirate, and Peripheral Blood/Smears. Clinical Information includes checkboxes for INITIAL, STAGING, FOLLOW-UP, POST TRANSPLANT, and various conditions like Anemia, Leukemia, and Myelodysplastic s.

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