THE CHILDREN’S HOSPITAL OF PHILADELPHIA
Department of Pathology
Hematology Bone Marrow Aspirate Submission Form

Patient Identification/ID Sticker:
Name: _______________________
Medical Record #: _____________
Sex: ____ DOB: __ / __ / ____

Procedure Data:
Date: __ / __ / ____

Site (check all applicable):  Difficulty:  Location:
Right Posterior Iliac    Easy    Ward
Left Posterior Iliac    Moderate   Clinic
Right Anterior Iliac    Difficult  OR
Left Anterior Iliac    Unsuccessful 3 NW
Spinous Process

Biopsy Obtained?  First Procedure?  Sedation:
Yes   Aspirate   Moderate/deep
No    Biopsy      GA

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.
• First Site (1/x)
  ➢ First pull: 1-2cc. Divide into purple EDTA (label 1/1) and then green NaHeparin (label 1/1).
  ➢ Second pull: 1-2cc. Divide into green NaHeparin (label 1/2) and then purple EDTA (label 1/2).
  ➢ Third pull: 5cc. Divide into 2 purple EDTA, rotate q1-2cc (label both 1/3).
  ➢ Pull 5cc in heparinized syringe “wet pull”.

If unable to obtain marrow aspirate:
• Obtain 3 bone marrow biopsy cores.
  ➢ 1 core for morphology. Make touch preps on slides, place in AZF media.
  ➢ 2 cores in cytogenetics media for flow cytometry and cytogenetics.

To be filled in by Pathology Only (Wood Laboratory)

Accession #: __________
Date Received: __ / __ / ____
Time Received: ________ AM/PM

IN HOUSE TESTS:
___Immunology  BM Counted?
___Cytogenetics  Yes
___Fe Stain

Peripheral Smear:
Hematology BMF Study Patient
Please DO NOT refrigerate 1 EDTA & 1 Heparin tube, we will pick it up.
Pager: 77520
Extensions: x69376, x66765

SEND OUT TESTS:
___TCR Gene  ___MRD
___Engraftment

Page 1 of 1
rev. 10/30/14