**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: __________________

### Procedure Data:
- Date: __ / __ / _____

#### Site (check all applicable):
- Right Posterior Iliac [ ]
- Left Posterior Iliac [ ]
- Right Anterior Iliac [ ]
- Left Anterior Iliac [ ]
- Spinous Process [ ]

#### Difficulty:
- Easy [ ]
- Moderate [ ]
- Difficult [ ]
- Unsuccessful [ ]

#### Location:
- Ward [ ]
- Clinic [ ]
- OR [ ]
- IR [ ]
- ICU [ ]
- Other [ ]

### Biopsy Obtained?
- Yes [ ]
- No [ ]

### First Procedure?
- Aspirate [ ]
- Biopsy [ ]

### Sedation:
- Yes [ ]
- No [ ]
- Light/None [ ]
- Moderate/deep [ ]
- 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 Position (1/x):**
  - **First pull:** 1-2cc. Divide into purple EDTA (label 1/1) and then green NaHeparin (label 1/1).
  - **Second pull:** 5cc. Divide into 2 purple EDTA, rotate q1-2cc (label both 1/2).
  - If no second site, pull 5cc in heparinized syringe “wet pull”.

- **Second Position (2/x):**
  - **First pull:** 1-2cc. Divide into green NaHeparin (label 2/1) and then purple EDTA (label 2/1).
  - **Second 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 (Oncology Laboratory):**

### Accession #:

#### IN HOUSE TESTS:
- ____Flow
- ____NGS
- ____Cyto
genetics

#### BM Counted?
- Yes [ ]

#### Peripheral Smear

- Specimen Coordinator Paged (#15951)?
- Yes [ ]
- No [ ]
- Time paged: ______ AM/PM

#### SEND OUT TESTS:
- ____MRD
- ____JAK2
- ____CEBPA
- ____FLT-3
- ____NPM1
- ____BCRABL
- ____PMLRAR
- ____engraftment

**LAB BARCODES:**