INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

HAEMATOLOGY BONE MARROW REQUEST FORM

Name :

PID :

I/C no. :

Sex : Male Female

Age :

Date of specimen : Time of specimen :

Ward/Clinic : Hospital :

Type of sample :

For Laboratory Use Only
Master Lab No. :
Unit Lab No. :

B. Clinical/Surgical History

1. Previous examination : Yes / No Date : Day Month Year
2. Previous diagnosis :
3. Relevant clinical information :
4. Clinical Diagnosis :

C. Latest Results Date : Day Month Year

Platelets : _____ Hb. : _____ WBC : _____

Other Relevant Investigations : _____

(e.g. Previous bone marrow, trephine, HPE and their dates if any)

D. Other Information

1. Indication :
2. Drug/haematinics/treatment Yes / No _____

State when started

3. Blood transfusion : Yes / No If Yes, when and which blood component _____
4. Site of bone marrow taken : Left Right _____
5. Nature of specimen : Imprint Aspiration

Name of Requesting doctor :

Signature & Stamp :

Date:

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