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

Advanced Diagnostic Laboratory

# CHROMOSOMAL STUDIES FOR BONE MARROW ASPIRATES

Name : Sex : ☐ Male ☐ Female ☐ Unknown

PID : Age :

I/C no. : D.O.B:

Date of specimen : Time of specimen :

Ward/Clinic : Hospital :

Type of sample :

For Laboratory Use Only

Master Lab No. :

Unit Lab No. :

Please tick ☑ type of case:

☐ New case ☐ Repeat ☐ Remission ☐ Relapse ☐ Pre-BMT

☐ Post-BMT ☐ No. of years Post-BMT Date/Time of collection :

Previous Bone Marrow cytogenetics no. & result :

## CLINICAL DIAGNOSIS

☐ Acute Lymphoblastic Leukemia ☐ Acute Myeloid Leukemia ☐ Aplastic Anaemia

☐ Chronic Myeloid Leukemia ☐ MDS ☐ Lymphoma

☐ Others Type : _____

Treatment : (Please list) _____

Any similiar family history in the family? If yes,_____( Relationship)

## PERIPHERAL BLOOD COUNTS AROUND TIME OF MARROW ASPIRATION FOR CYTOGENETICS

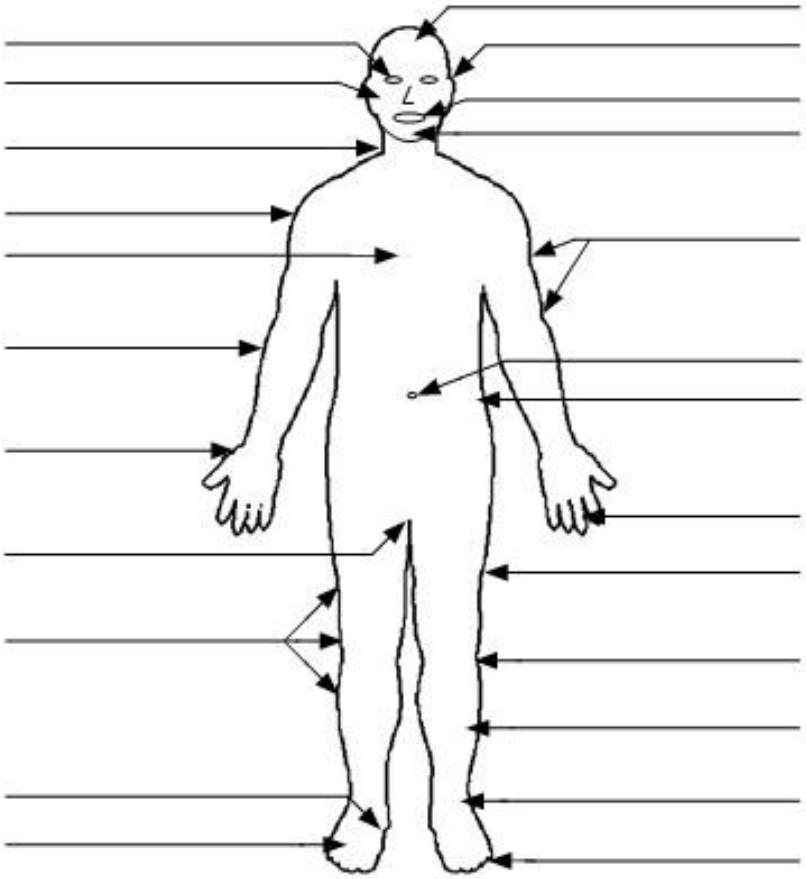
Haemoglobin (Hb) : g/dL Platelet count : % Blasts in FBP : Total White Cell Count :

No. of ml aspirate submitted :

REASONS FOR INVESTIGATION

Investigation of unrecognized/suspected syndrome/sex abnormality

Please specify major dysmorphic features observed clinically (Please use the diagram provided)



Confirmation of known syndrome

(Please specify)

TEST REQUESTED

Date & Time specimen collected : _____ _____ am / pm

☐ Cytogenetics / karyotyping ☐ SRY-Gene ☐ Molecular Studies: SAO ☐ FISH
Please state.....

Signature and stamp of Specialist / Medical Officer :

Telephone :

Note:

To avoid unnecessary waste of time and efforts, request for genetics investigation should be discussed with the consultant and confirm your appointment before collecting the specimen. For details, please contact our laboratory at telephone number 04-5622692 .
Please provide your contact number / extension to enable us to provide prompt feedback.

For laboratory use only.

Processed by :

No. of cell counted:

RESULT:

CYTOGENETICIST / SPECIALIST

DATE REPORT