

Department of Laboratory Medicine Referred Bone Marrow Cases

Type in the requested information below and print out this form.

SUBMITTING PHYSICIAN: _____

ADDRESS: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

SEX: _____

PHONE OR PAGER NUMBER OF REFERRING
PHYSICIAN: _____

FAX NUMBER: _____

DATE OF PROCEDURE: _____

TOTAL # OF SLIDES SUBMITTED (include ID# of slides): _____

TOTAL # OF PARAFFIN BLOCKS SUBMITTED (include ID# of blocks): _____

A copy of the outside pathologist report must be submitted with bone marrow slides/paraffin blocks.

REASON FOR REVIEW AND DIAGNOSIS _____

Mail completed form, outside pathologist report and slides to:

Hematology Service, DLM, CC, NIH
Building 10, Room 2C306
10 Center Drive, MSC 1508
Bethesda, MD 20892-1508