

<b>Dartmouth-Hitchcock Medical Center</b> Section of Hematology and Oncology / Department of Pathology Mary Hitchcock Memorial Hospital One Medical Center Dr., Lebanon, NH 03756 (603) 650-2200	<b>MRN#:</b> _____ <b>LOCATION:</b> _____  <b>NAME:</b> _____  <b>DOB:</b> _____ <b>SEX:</b> _____																																			
<b>BONE MARROW ASPIRATION &amp;/OR BIOPSY ORDER FORM</b>																																				
Ordering Provider (signature <b>Required</b> ): _____ #: _____ Ordering Provider (print): _____ Billing Provider (signature): _____ #: _____ Billing Provider (print): _____ STUDY: _____ Visit # (if available): _____	<b>COLLECTION DATE &amp; TIME:</b> _____ <b>Patient ID Confirmed and Specimen Collected By:</b> _____ phone / pager: _____																																			
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<b>Time:</b> _____	<b>Location:</b> _____																																			
<b>Clinical Indication for Study</b> (include reason for procedure): _____																																				
<b>Type of Procedure</b> After procurement, notify the Hematology Lab at (603) 650-7176 <input type="checkbox"/> <b>Aspiration Only</b> (Minimum requirement 3 EDTA tube, 1 Sodium Heparin tubes & 1 EDTA Peripheral Blood) <input type="checkbox"/> <b>Aspiration and Biopsy</b> (Minimum requirement 3 EDTA tube, 1 Sodium Heparin tubes, 2 Touch Preps, Core Biopsy & 1 EDTA Peripheral Blood) <input type="checkbox"/> <b>Aspiration and Bilateral Biopsy</b> (Minimum requirement 3 EDTA tube, 1 Sodium Heparin tubes, Touch Preps and Core Biopsy from each side & 1 EDTA Peripheral Blood) <input type="checkbox"/> <b>Left Asp Asp/Bx</b> <input type="checkbox"/> <b>Right Asp Asp/Bx</b> Comments: _____																																				
<b>Cytogenetics:</b> 603-650-7761 (Lab), 603-650-7489 (Supervisor)  <i>*Blood &amp; Bone marrow (Na-Heparin @ room temperature), Tissue (RPMI, refrigerated)</i>  <input type="checkbox"/> <b>Chromosome Analysis:</b> Congenital/ Acquired* <input type="checkbox"/> <b>Chromosome Analysis w/ reflex to CMA *</b> <span style="margin-left: 400px;"><i>(*Prior authorization may required)</i></span> <input type="checkbox"/> <b>FISH*:</b> _____ <input type="checkbox"/> <b>Tissue Culture*:</b> _____ <input type="checkbox"/> <b>Cryopreservation*:</b> _____																																				
<b>Flow Cytometry</b> <i>Immunophenotype Blood (EDTA, room temp), Bone marrow (EDTA, room temp), Tissue (RPMI, refrigerated), or Fluid (Plastic container or tube, refrigerated)</i>  <input type="checkbox"/> Leukemia or Lymphoma <input type="checkbox"/> CD19 & CD20 <input type="checkbox"/> CD4 & CD8 testing for Bronchoalveolar lavages  <input type="checkbox"/> <b>Lymphocyte Subsets Blood</b> (EDTA, room temperature) <input type="checkbox"/> CD3/CD4 <input type="checkbox"/> CD3/CD4/CD8 <input type="checkbox"/> CD19 <input type="checkbox"/> CD16/CD56  <input type="checkbox"/> <b>HLA B27 Blood</b> (EDTA, room temperature) <input type="checkbox"/> <b>PNH Blood</b> (EDTA, room temperature) <input type="checkbox"/> <b>Fetal RBC Enumeration Blood</b> (EDTA, refrigerated)																																				
<b>Molecular</b> <i>Blood (EDTA, room temp unless specified), Bone marrow (EDTA, unless specified), Tissue (fresh, frozen, FFPE)</i>  <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> BCR/ABL p210 Quantitative PCR</td> <td><input type="checkbox"/> FISH, ALK</td> <td><input type="checkbox"/> MGMT Methylation</td> </tr> <tr> <td><input type="checkbox"/> SEND BCR/ABL AT 4C</td> <td><input type="checkbox"/> FISH, EWSR1</td> <td><input type="checkbox"/> MLH1 Methylation</td> </tr> <tr> <td><input type="checkbox"/> Chimerism, Blood (Fractionated)</td> <td><input type="checkbox"/> FISH, HER2</td> <td><input type="checkbox"/> MSI</td> </tr> <tr> <td><input type="checkbox"/> Chimerism, Marrow</td> <td><input type="checkbox"/> FISH, MDM2</td> <td></td> </tr> <tr> <td><input type="checkbox"/> JAK2</td> <td><input type="checkbox"/> FISH ROS1</td> <td><input type="checkbox"/> HPV Genotyping, Solid Tumor</td> </tr> <tr> <td><input type="checkbox"/> FLT3</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> BIGH PCR</td> <td><input type="checkbox"/> Chromosome Microarray, Blood</td> <td><input type="checkbox"/> Other Genetic Testing, Specify Below: _____</td> </tr> <tr> <td><input type="checkbox"/> BCL2 PCR</td> <td><input type="checkbox"/> Chromosome Microarray, Tissue</td> <td></td> </tr> <tr> <td><input type="checkbox"/> T Cell PCR</td> <td></td> <td></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Hematologic Gene Sequencing Panel (Indicate panel below)</td> <td><input type="checkbox"/> Solid Tumor Gene Sequencing Panel (Indicate panel below)</td> </tr> <tr> <td><input type="checkbox"/> AML      <input type="checkbox"/> MPN (Includes JAK2 exon 12, CALR, MPL)</td> <td><input type="checkbox"/> Breast Panel      <input type="checkbox"/> Glioma Panel</td> </tr> <tr> <td><input type="checkbox"/> CLL      <input type="checkbox"/> MDS</td> <td><input type="checkbox"/> Lung Panel      <input type="checkbox"/> Melanoma Panel</td> </tr> <tr> <td><input type="checkbox"/> LPL      <input type="checkbox"/> MDS/MPN</td> <td><input type="checkbox"/> Colon Panel      <input type="checkbox"/> GIST Panel</td> </tr> </table>		<input type="checkbox"/> BCR/ABL p210 Quantitative PCR	<input type="checkbox"/> FISH, ALK	<input type="checkbox"/> MGMT Methylation	<input type="checkbox"/> SEND BCR/ABL AT 4C	<input type="checkbox"/> FISH, EWSR1	<input type="checkbox"/> MLH1 Methylation	<input type="checkbox"/> Chimerism, Blood (Fractionated)	<input type="checkbox"/> FISH, HER2	<input type="checkbox"/> MSI	<input type="checkbox"/> Chimerism, Marrow	<input type="checkbox"/> FISH, MDM2		<input type="checkbox"/> JAK2	<input type="checkbox"/> FISH ROS1	<input type="checkbox"/> HPV Genotyping, Solid Tumor	<input type="checkbox"/> FLT3			<input type="checkbox"/> BIGH PCR	<input type="checkbox"/> Chromosome Microarray, Blood	<input type="checkbox"/> Other Genetic Testing, Specify Below: _____	<input type="checkbox"/> BCL2 PCR	<input type="checkbox"/> Chromosome Microarray, Tissue		<input type="checkbox"/> T Cell PCR			<input type="checkbox"/> Hematologic Gene Sequencing Panel (Indicate panel below)	<input type="checkbox"/> Solid Tumor Gene Sequencing Panel (Indicate panel below)	<input type="checkbox"/> AML <input type="checkbox"/> MPN (Includes JAK2 exon 12, CALR, MPL)	<input type="checkbox"/> Breast Panel <input type="checkbox"/> Glioma Panel	<input type="checkbox"/> CLL <input type="checkbox"/> MDS	<input type="checkbox"/> Lung Panel <input type="checkbox"/> Melanoma Panel	<input type="checkbox"/> LPL <input type="checkbox"/> MDS/MPN	<input type="checkbox"/> Colon Panel <input type="checkbox"/> GIST Panel
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