

**EXTERNAL BONE MARROW EXAMINATION REQUEST FORM**

Send BM aspirate slides to Haematology Laboratory Tel.: 01 4162394

Send BM trephine slides to Histopathology Laboratory Tel.: 01 4162063

[www.stjames.ie](http://www.stjames.ie)

**FOR SJH LABORATORY USE ONLY. PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE**

**PATIENT DETAILS:**

Surname:

Forename:

Date of birth:  /  /  Male  Female

MRN:

Patient's Address:

**REFERRING HOSPITAL AND SAMPLE DETAILS:**

Referring Hospital Name:

Requesting Consultant:  Contact details:

| Referring Laboratory No. | Date of Collection | Sample Type - Tick as appropriate |             | No. of slides |
|--------------------------|--------------------|-----------------------------------|-------------|---------------|
|                          |                    | BM Aspirate                       | BM Trephine |               |
|                          |                    |                                   |             |               |
|                          |                    |                                   |             |               |
|                          |                    |                                   |             |               |
|                          |                    |                                   |             |               |

**CLINICAL DETAILS:** Include treatment details as relevant.

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Has the patient attended SJH previously? Yes  No  SJH MRN:

Patient's Consultant in SJH:

Please forward a copy of the most recent FBC, flow cytometry, histopathology, cytogenetics reports, and any other relevant details.

**REASON FOR REFERRAL:**

Pre-transplant  MDT  Other  *please specify below:*

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Date and Time Received in SJH Lab: