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BONE MARROW EXAMINATION REQUISITION FORM

Patient Name :

Lab Number:

Age & Sex :

Date :

Ref. Doctor :

Time :

Corp. Name :

Telephone:

Rep. Cent. :

Relevant Clinical History

Hemoglobin

RBC count

MCV

RDW

Total leukocyte count

Differential leukocyte count

Platelet count

Peripheral Smear Findings

Note :

Above details are essential for evaluation of bone marrow specimens.

Kindly fix aspirate slide in 100% methanol prior to dispatch