

## Hematopathology Patient Information

Instructions: Send this paperwork and any available pathology/test reports with the specimen.

Patient Informa	ition						
Patient Name (Last, First, Middle)					Birth Date (mm-dd-yyyy	•	
						☐ Male ☐ Female	
Referring Provider Name (Last, First)					Phone	Fax*	
Pathologist Name (Last, First)				Phone		Fax*	
Reason for Tes	<b>ting</b> Include a brief cl	inical history a		=	 ust be from a fax machine tha	t complies with applicable HIPAA regulations	
Disease Stage				Bone Marrow Transplant			
☐ New diagnosis ☐ Relapse ☐ MRD				☐ Autologous ☐ Allogenic ☐ Sex mismatch			
Therapeutic Antibodie							
	ients: Is the patient on	CD38 therapy?	□ Ye	s 🗆 No			
Provide full listing	g:						
CBC Results							
HB:	HCT:	RBC:		MCV·	WBC:	PLT:	
Specimen Prov	ided Check all that a	pply.					
☐ Blood (liquid)			Blood	slides – number	of slides sent:	Case number:	
☐ Bone marrow aspir	rate (liquid)		☐ Bone	marrow slides – r	number of slides sent: _	Case number:	
☐ BM clot/particles paraffin embedded ☐				BM wet consult			
☐ BM biopsy paraffin embedded				☐ BM clot/particles to be processed/embedded			
Tissue				☐ BM biopsy to be processed/embedded			
☐ Tissue ty	pe/site:						
☐ Block; lis	t block number(s):						
☐ Slides; in	dicate the number of s	lides sent:			<del> </del>		
Body fluid							
□ CSF □	□ Pleural □ Abdom	inal or periton	eal				
☐ Other; sp	ecify site:						
☐ Buccal cells							
☐ Extracted DNA; sou	ırce:						