



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

Patient Information

Form with fields for Patient Name, Birth Date, Sex, Referring Provider Name, Phone, Fax, and Pathologist Name.

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing Include a brief clinical history and reason for biopsy.

Large empty box for clinical history and reason for biopsy.

Form with fields for Disease Stage, Bone Marrow Transplant, Therapeutic Antibodies, and CBC Results.

Specimen Provided Check all that apply.

Form with checkboxes for various specimen types: Blood, Bone marrow aspirate, BM clot/particles, BM biopsy, Tissue, Body fluid, Buccal cells, and Extracted DNA.