Hematopathology ● *Associates*, LLC

Account Name:

106 SW 10th Street Suite C Gainesville, Florida 32601

Consultation request

PATIENT NAME (last, first)______________________________ Sex : ☐ Male ☐ Female

DATE OF BIRTH: ______________________________ SOC. SEC. #______________________________

REQUESTING PATHOLOGIST: ______________________________Telephone #: ____________________

OTHER REQUESTING PHYSICIAN: ______________________________ Telephone #:____________________

Send Reports to: ☐ **PATHOLOGIST** ☐ **REQUESTING PHYSICIAN** ☐**Other**______________________________

Bill to: ☐**Hospital** ☐**Insurance** ☐**Patient** ☐**Medicare** ☐**Medicaid** ☐**Physician group**

Billing Address: ______________________________

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(Please attach Face Sheet)

SPECIMEN INFORMATION

Date collected: ____________________ Time collected:____________________

Specimen type :

☐**Bone Marrow Biopsy** _______ **Bone Marrow Smears** _______**Peripheral Bl Smears** ☐ **Clot**

☐ **Peripheral Blood (No. of Heparin tubes_______) (No. of EDTA tubes_______)**

☐**Bone Marrow aspirate (No. of Heparin tubes_______) (No. of EDTA tubes_______)**

☐**Tissue: type/site** ______________________________**Other** ______________________________

*****NOTE: **Please submit other pertinent diagnostic materials (fixed tissue, H&E slides, frozen sections, smears, CBC w/diff. , etc.). These materials are required for quality control.*****

TREATMENT STATUS: ☐ Pretreatment sample ☐ Post therapy sample ☐ Sample for staging

RELEVANT CLINICAL FINDINGS (Provisional Diagnosis) **ICD 9 Code** __________

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(Please CHECK specific reasons for consultation)

☐ Anemia ☐ Leukopenia ☐ Thrombocytopenia ☐ Leukocytosis ☐ Lymphocytosis ☐ Thrombocytosis

☐ Lymphadenopthy ☐ History of Lymphoma ☐ History of Chronic Leukemia ☐ History of Acute Leukemia

☐ Skin Lesion ☐ Bone Lesion ☐ Splenomegaly ☐ Hepatomegaly ☐ Mass ☐ Abnormal Cells on Smear

☐ Plasma cell dyscrasia (Multiple Myeloma) ☐ MGUS ☐ Hodgkin's disease ☐ MDS

Test Requested:

Bone Marrow Interpretation ☐ **Morphological evaluation**

Flow Cytometric testing to:

☐ **R/O Lymphoproliferative process** ☐ **R/O Acute leukemia**

☐ **Acquired Cellular Immune Disorder Evaluation** ☐ **T-cell Helpers / Suppressor Evaluation (HIV Monitoring)**

Cytogenetic Studies

☐ **Chromosome Analysis only**
Chromosome Analysis with reflex FISH

PHOTOCOPY AS NEEDED