

## Department of Laboratory Medicine Referred Bone Marrow Cases

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**A copy of the outside pathology report must be submitted with bone marrow slides/paraffin blocks.**

**A valid CRIS order for Bone Marrow Outside Material must be submitted for all NIH patients.**

Submission Date (Today's Date): \_\_\_\_\_

Submitting Research Nurse: \_\_\_\_\_

Telephone/Beeper # of Submitting Research Nurse: \_\_\_\_\_

Submitting Physician: \_\_\_\_\_

Telephone/Beeper # of Submitting Physician: \_\_\_\_\_

Fax # of Submitting Physician: \_\_\_\_\_

Allocate to Protocol: \_\_\_\_\_

Patient Name: \_\_\_\_\_

NIH Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Procedure (Submitted Case): \_\_\_\_\_

Total # of slides submitted (include ID# of slides) \_\_\_\_\_

\_\_\_\_\_

Total # of paraffin blocks submitted (include ID# of blocks) \_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

BRIEF HISTORY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR REVIEW: \_\_\_\_\_

\_\_\_\_\_

Date of NIH Appointment: \_\_\_\_\_

Mail completed form, outside pathology report and slides to:

**Hematology Service, DLM, CC, NIH  
Building 10, Room 2C306  
10 Center Drive, MSC 1508  
Bethesda, MD 20892-1508  
Phone: 301-496-6891**