



BC Cancer Agency
CARE & RESEARCH
An Agency of the Provincial Health Services Authority



Addressograph

BONE MARROW PATHOLOGY REQUISITION

All fields must be completed LEGIBLY (patient demographics may be addressographed instead)

*Patient Name (last, first) _____ *PHN _____
 *Date of Birth (d/m/y) _____ Sex: M F *BCCA Patient Yes No BCCA No. _____
 *Referring Facility _____ Copy to BCCA Medical Records (Fax to 604-708-2000)
 *Referring Pathologist (RP) _____ RP Phone _____
 *Most Responsible Physician (MRP) _____ MRP Phone _____
 Copy to Physician(s) _____ MRP Pager _____

*Indicates required field

PURPOSE OF THE BONE MARROW EXAMINATION (please select appropriate response)

Consult (see Box A pg. 2) Review (see Box A pg. 2) Primary Evaluation (see Box B pg. 2)

BC Cancer Agency (BCCA)	Vancouver General Hospital (VGH)
<input type="checkbox"/> <u>Lymphoma/Lymphocytosis</u> <input type="checkbox"/> Initial diagnosis (Flow & genetics) <input type="checkbox"/> Staging (Flow only) <input type="checkbox"/> Follow up (Flow +/- genetics)	<input type="checkbox"/> <u>Cytopenias</u> (Flow & genetics) Recent Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Recent Transfusions <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> <u>Acute Leukemia</u> (Flow & genetics) <input type="checkbox"/> Initial diagnosis <input type="checkbox"/> Follow up <input type="checkbox"/> <u>Myelodysplasia</u> (Flow & genetics) <input type="checkbox"/> <u>Myeloproliferative neoplasm</u> (Genetics +/- Flow) <input type="checkbox"/> <u>Multiple Myeloma/MGUS</u> (Flow & genetics optional by physicians order) <input type="checkbox"/> <u>Other (e.g. metastatic disease, infections)</u> (No Flow & No genetics) _____

CLINICAL AND OTHER INFORMATION

Clinical presentation _____

Lymphadenopathy Hepatomegaly Splenomegaly Skin Lesions Systemic Symptoms

Other comorbidities _____ Medications _____

LAB USE

BM Aspirate	Iliac Crest <input type="checkbox"/> Right <input type="checkbox"/> Left	Bone Marrow Particles Present <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sternum <input type="checkbox"/>	Dry Tap <input type="checkbox"/> Yes <input type="checkbox"/> No
Trephine Biopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site <input type="checkbox"/> Right Iliac <input type="checkbox"/> Left Iliac

PLEASE SEND THE FOLLOWING SAMPLES (check appropriate boxes):

A	CONSULT/REVIEW	B	PRIMARY EVALUATION
<input type="checkbox"/> CBC/Diff, retic count, and chemistry results <input type="checkbox"/> Peripheral blood slides <input type="checkbox"/> Unstained, unfixed bone marrow aspirate slides <input type="checkbox"/> Representative bone marrow aspirate slides (<i>stained</i>) <input type="checkbox"/> Representative bone marrow biopsy slides (<i>H&E stained</i>) <input type="checkbox"/> Immunohistochemical/special stains <input type="checkbox"/> Bone Marrow paraffin block <input type="checkbox"/> A copy of bone marrow aspirate and biopsy report		<input type="checkbox"/> CBC/Diff, retic count, and chemistry results (<i>if available</i>) <input type="checkbox"/> Peripheral blood (<i>EDTA tube</i>) <input type="checkbox"/> Peripheral blood slides: 2 unstained, unfixed <input type="checkbox"/> Bone marrow aspirate (<i>left-over material from slide making in EDTA tube</i>) <input type="checkbox"/> Bone marrow aspirate slides: ≥ 5 unstained, unfixed <input type="checkbox"/> Bone marrow biopsy and/or aspirate clot in B+ fixative <input type="checkbox"/> Aspirate for flow cytometry (<i>refer to Flow Cytometry Requisition</i>) <input type="checkbox"/> Aspirate for genetics (<i>refer to Genetic Requisition</i>) <input type="checkbox"/> Aspirate for microbiology <ul style="list-style-type: none"> • TB/Fungal: Myco/F Lytic bottle • Special bacterial pathogens: Peds Plus/F bottle 	

Ancillary Tests			
Flow Cytometry	<u>BCCA</u>	<u>VGH</u>	<u>Regional Hub</u>
Sent to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Lymphoma/Lymphocytosis</i>	<i>Acute leukemia, MDS, MPN, Myeloma, PNH</i>	
Genetics			
Please send Genetic specimens as per regional guidelines.			
Sent to (specify lab): _____			
Attach reports of the ancillary studies performed locally, including flow cytometry and genetic analysis <i>if applicable/available</i> .			

Send completed form and materials above to:	
BCCA Attn: Department of Pathology BC Cancer Agency Room 3225 600 West 10th Avenue Vancouver, BC V5Z 4E6	VGH Attn: Department of Pathology Lab Accessioning Vancouver General Hospital Jim Pattison Pavilion, 1 st Floor 855 West 12 th Avenue Vancouver, BC V5Z 1M9

Physician Signature _____
 (required)

INSTRUCTIONS

A. SAMPLE TESTING

	Lymphoid malignancies	Acute leukemias (AML, ALL), MDS, MPN	Plasma cell dyscrasias
BM aspirate	BCCA	VGH	VGH
Flow cytometry	BCCA	VGH	VGH
Cytogenetics/FISH	BCCA	BCCA/regional hub	BCCA/regional hub
Molecular genetics	BCCA	BCCA	N/A

B. PATHOLOGIST CONSULTATION

BCCA Pathology Administration Office Phone: (604) 877-6000 Ext. 2071 Ask for the Hematopathologist on bone marrow service	VGH Hematopathology Administration Office Phone: (604) 875-4381 Ask for the Hematopathologist on consult service
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C. SAMPLE REQUIREMENTS FOR BONE MARROW PROCESSING

- a) Label all samples with the patient name, Ministry of Health personal health number (PHN), date of birth, and sample type and site.
- b) **Blood** – Send a minimum of 4 mL fresh peripheral blood collected in an **EDTA** anticoagulated tube. Transport in a labeled shipping container at room temperature. Include the latest CBC report. Do not fix unstained slides.
- c) **Bone marrow aspirate slides**
 - Prepare slides of bone marrow aspirate and squash preparation immediately after collection or prepare squash preparation from aspirate sample in EDTA within 1-2 hours of collection.
 - If bone marrow aspirate is a dry tap, make biopsy touch prep slides.
 - Air dry slides.
 - Send slides unstained or stained. Do not fix unstained slides.
 - Place all slides in plastic slide holders and place in biohazard bag along with left-over EDTA aspirate specimen.
- d) **Bone marrow aspirate in anticoagulant for ancillary testing** – refer to flow cytometry and genetic requisition forms for specimen requirements.
- e) **Bone marrow trephine biopsy**
 - For hospitals with Hematopathology service on site, please send fixed biopsy core embedded in paraffin block with unique block identifier.
 - If processing at VGH/BCCA is desired, place biopsy core in B+ fixative immediately after collection.
 - Close the biopsy container tightly and keep the container upright
 - Mark the date and time the biopsy was placed in the B+ fixative on the container
 - Put biopsy specimen into a biohazard bag, separate from the aspirate specimens, along with a copy of the consult requisition form.

D. REQUISITION REQUIREMENTS

- a) Bone marrow consult requisition forms are available on the BCCA website (<http://www.bccancer.bc.ca/health-professionals/professional-resources/laboratory-services>)
- b) If submitting multiple samples from the same patient, provide a properly completed requisition for **each** sample. Each sample type and site must be clearly identified.

- c) The minimum information required by the laboratory comprises patient name, Ministry of Health personal health number (PHN), date of birth, sample type, sample site, date of collection, submitting facility, clinical indications, requesting physician, and appropriate copy-to physicians or facilities.
- d) Identify copy-to physicians accurately with first name, last name and billing number to ensure the correct physician receives the report. **Reports cannot be sent to physicians for whom incomplete information is submitted.**
- e) It is not our practice to send copies of the report to each submitting facility unless the facility is identified as a distinct copy-to address.
- f) Record clinical indications, differential diagnosis, clinical presentation, other co-morbidities and patient medications (if applicable), as this information is essential for proper assessment of bone marrow specimen, selection and interpretation of special stains.
- g) Record the site where bone marrow aspirate and biopsy were taken from (left/right iliac crest or sternum), and whether bone marrow particles are present. Specify whether the bone marrow aspirate is a dry tap.
- h) Please send appropriate samples as specified by the checklist in the second page of the bone marrow requisition form. Please note that sample requirements for hospitals with designated Hematopathology service are different from those without designated Hematopathology service on site.
- i) Requisition data must be **legible and complete**. Processing is delayed when the laboratory must contact the submitting laboratory to gather or confirm the required information.

E. SPECIMEN TRANSPORT

- a) Pre-booking of incoming samples by telephone or by faxing documents is no longer required.
- b) Regular laboratory service is available from 0900-1700 hrs Monday to Friday. Staff is not available to process after laboratory hours. **Please send your samples early in the day and early in the week when possible.** Samples arriving after 1500 hours are held until the following working day for processing. **Exception: for acute leukemia we provide 24h service, please contact the Hematopathologist on call to coordinate.**

If delivery before 1700 hours or a weekend cannot be ensured, please store the sample appropriately at your facility and ship the following work day. Please call the laboratory directly if you have questions.

F. SHIPPING

Label shipping container with “RUSH- BONE MARROW SPECIMEN” and send to:

<p>BCCA Attn: Department of Pathology Room 3225 BC Cancer Agency 600 West 10th Avenue Vancouver, BC V5Z 4E6</p>	<p>VGH Attn: Lab Accessioning Vancouver General Hospital Jim Pattison Pavilion, 1st Floor 855 West 12th Avenue, Vancouver, BC V5Z 1M9</p>
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G. LABORATORY CONTACT

<p>BCCA Phone: (604) 877-6000 Ext 2071, 2069 or 2073 Fax: (604) 877-6178</p>	<p>VGH Phone: (604) 875-4111 Ext 63599 or 62982 Off Hours Contact: (604) 875-4111 Ext 62982 Fax: (604) 875-4798</p>
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