REFERENCE LABORATORIES

BONE MARROW EXAMINATION FORM

Name:	Age & Sex:			
Referred By:	Case ID:			
Location:				
Clinical Details				
 Fever Fatigue Breathlessness Weight Loss 	 Oedema - F Oral Ulcers Skin Lesions Easy bruisin 	; [Skin Petechie Joint Bleeding Abdominal Pain or discomfort Back/Body Pain 	
Personal History	Alcohol	Trav	vel	Duration
Family History:				
Drugs:	Surgery: Allergies: Anti cancer therapy:			
Physical Examinati				
General				
 Pyrexia Cyanosis Oral cavity: Ulcer Others: 	Pallor Skin lesion /Purpuric spots/bleeding g	Blee	 Weight loss Bleeding tendencies /tongue 	
Systemic Liver: Spleen: Lymph nodes: Bones & Joints: Neurology: Others:				
Investigations:				
Site of BM Examina	ation:		🗌 LA/G	A 🗌 Atropine
Material: 🗌 Aspira	ation 🗌 Imprint 🗌 Trep	hine 🗌 Biopsy	Date:	
Performed By: Assisted By:				
Prepared by: QM	Approved by: Lab Director	Issued by: QM	Page No. 1 to 1	

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