

Trumbull Laboratories, LLC

helping doctors help patients

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Matthew A. Dress, M.D., Flow Cytometry Director

Bone Marrow Flow Cytometry Cytogenetics

CHART #:	SOCIAL SECURITY #:	COLLECTION DATE:
PATIENT'S NAME (LAST, FIRST, MI):		COLLECTION TIME:
HOME ADDRESS, CITY, STATE, ZIP		
PATIENT PHONE #:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
SUBMITTING PHYSICIAN:		

**For insurance billing - please complete entire form or COPY insurance card
FAILURE TO COMPLETE ENTIRE FORM WILL CAUSE DELAY OF TEST RESULT**

PRIMARY INSURANCE:	ID#:	GROUP #:
ADDRESS:		PHONE #:
INSURANCE SUBSCRIBER:	DOB:	RELATIONSHIP:
SECONDARY INSURANCE:	ID#:	GROUP #:
ADDRESS:		PHONE #:
INSURANCE SUBSCRIBER:	DOB:	RELATIONSHIP:

DIAGNOSIS: LEUKEMIA, ACUTE LYMPHOMA, SPECIFY TYPE: _____
 LEUKEMIA, CHRONIC LYMPHOCYTIC MONOCLONAL GAMMOPATHY, MULTIPLE MYELOMA
 LEUKEMIA, CHRONIC MYELOID MYELOYDYSPLASIA
 OTHER, PLEASE SPECIFY: _____

CLINICAL HISTORY: _____

SPECIMEN SOURCE: BONE MARROW (MUST ATTACH MOST RECENT CBC) Please circle: Biopsy Clot Slides Green Top
 PERIPHERAL BLOOD (MUST ATTACH MOST RECENT CBC)
 FLUID, SPECIFY TYPE: _____
 NEEDLE ASPIRATE, SPECIFY SITE: _____
 OTHER TISSUE, SPECIFY SITE: _____

TEST REQUEST: COMPREHENSIVE BONE MARROW EVALUATION (Interpretation, Flow Cytometry and Cancer Cytogenetics)
 BONE MARROW INTERPRETATION
 FLOW CYTOMETRY (Green Top Sodium Heparin)
 CANCER CYTOGENETICS (Green Top Sodium Heparin)
 OTHER, PLEASE SPECIFY: _____