

BONE MARROW SPECIMEN (ASPIRATE AND TREPINE BIOPSY) Request Information



Family name

Given name(s)

Date of birth

Date of request

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander
 Other ethnicity:

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Copy to doctor
name and contact details

Indication

Clinical history

Relevant results

Test requested

Principal clinician caring for the patient and contact details

Other relevant details