

Trumbull Laboratories, LLC*helping doctors help patients*

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Thomas R. Callihan, 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: MALE 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: BONE MARROW INTERPRETATION
 FLOW CYTOMETRY (Green Top Sodium Heparin)
 CANCER CYTOGENETICS (Green Top Sodium Heparin)
 OTHER, PLEASE SPECIFY: _____