

BONE MARROW EXAMINATION FORM

Name: Age & Sex:

Referred By: Case ID:

Location:

Clinical Details

- | | | |
|---|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Oedema - Feet | <input type="checkbox"/> Skin Petechie |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Oral Ulcers | <input type="checkbox"/> Joint Bleeding |
| <input type="checkbox"/> Breathlessness | <input type="checkbox"/> Skin Lesions | <input type="checkbox"/> Abdominal Pain or discomfort |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Easy bruising | <input type="checkbox"/> Back/Body Pain |
| <input type="checkbox"/> Others | | |

Duration:

Personal History

- | | | | |
|----------------------------------|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Travel | <input type="checkbox"/> Duration |
|----------------------------------|----------------------------------|---------------------------------|-----------------------------------|

Family History:

Past or Recent History

Medical Illness: Surgery:

Drugs: Allergies:

Transfusion: Anti cancer therapy:

Physical Examination

General

- | | | | |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Pyrexia | <input type="checkbox"/> Pallor | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Cyanosis | <input type="checkbox"/> Skin lesion | <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Koilonychia |
| <input type="checkbox"/> Oral cavity: Ulcer/Purpuric spots/bleeding gums/tongue | | | |
| <input type="checkbox"/> Others: | | | |

Systemic

- | | |
|---|--|
| <input type="checkbox"/> Liver: | <input type="checkbox"/> Spleen: |
| <input type="checkbox"/> Lymph nodes: | <input type="checkbox"/> Bones & Joints: |
| <input type="checkbox"/> Neurology: | <input type="checkbox"/> Others: |

Investigations:

Site of BM Examination: LA/GA Atropine

Material: Aspiration Imprint Trepine 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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