Scott & White

Leukemia / Lymphoma Requisition Form

Please type or print clearly:

Patient Name: (Last) (First) (MI)	
Sex:	Date of Birth:
MRN:	Hospital /Location:
Ordering Physician:	Phone #:
Submitting Pathologist:	Fax #:
Data Specimen Collected:	Date and Time Specimen Received:
Clinical History (please indicate known diagnosis):	

Specimen:

- ☐ Peripheral blood (please attach CBC information)
- ☐ Bone Marrow:
  - Site: R / L ______________________
- ☐ Body Fluid:
  - Site: ______________________
- ☐ Tissue (Fresh):
  - Type: ______________________
  - Site: ______________________
- ☐ Fine Needle Aspirate (FNA)
  - Site: ______________________

Diagnosis under consideration:

- ☐ Acute lymphocytic leukemia (ALL)
- ☐ Acute non-lymphocytic leukemia (ANLL)
  - Type: ______________________
- ☐ Chronic lymphocytic leukemia (CLL) and/or chronic lymphoproliferative disorder
- ☐ Chronic myelocytic leukemia (CML)
- ☐ Hairy cell leukemia (HCL)
- ☐ Myelodysplasia
  - Type: ______________________
- ☐ T-cell lymphoproliferative disorder
- ☐ Hodgkin's lymphoma
- ☐ Non-Hodgkin's lymphoma
- ☐ Waldenstrom's macroglobulinemia
- ☐ Mycosis fungicides
- ☐ Myeloproliferative disorder
  - Type: ______________________
- ☐ Other (please specify): ______________________

Study requested for:

- ☐ New diagnosis
- ☐ Relapse (please specify): ______________________
- ☐ Protocol
- ☐ Other (please specify): ______________________