UHN/MSH Hematology Consult Service Bone Marrow Procedure Clinic Patient Referral Form



Date of Referral:					
PATIENT INFORMATION					
Patient's Last Name: First:			Birth date (yyyy/mm/dd):		Sex: □ M
			/ / □ F		
Street address:		Contact number: UHN MRN:			
		()			
City:	Postal Code:	Health Card No:			
REFERRER DETAILS					
Name:		Specialty:			
Address:		OHIP Billing no.:			
City:	Postal code:	Phone r	10.:	Fax phone n	10.:
		()	()	
DETAILS					
Reason for Bone Marrow / Suspected Diagnosis:					
Samples to be Taken:					
Aspirate					
□ Morphology □ Other □ Flow Cytometry / Immunophenotyping					
□ Cytogenetics □ Biopsy					
□ Molecular□ Cultures					
If the patient is on anticoagulants:					
If the patient is taking warfarin or another anticoagulant, please ensure the INR is \leq 2.0 on the day of the procedure. This is the responsibility of the referring clinician					
Please Note:					
 The Bone Marrow Procedure Clinic is situated on the 7th Floor, Norman Urquhart Building, TGH in the General Hematology Clinic Area, and occurs every Tuesday morning. Patients must bring with a valid OHIP and "UHN Blue Card". Patients will receive local anesthetic, but will not be sedated for the procedure. It can be uncomfortable. The procedure will last ~40 minutes in total, including preparation and recovery. The BM will be performed by a resident under the supervision of a Staff Hematologist or Fellow. It is the responsibility of the referring physician to follow-up the results of the procedure and to communicate this to the patient. Results can take up to 3 weeks. Inquiries about results should be directed to Hematopathology. 					
rebooked and will require a new referral. Appt Time:					