



**HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
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**BONE MARROW ASPIRATION REQUEST FORM**

PATIENT'S DETAIL		
NAME:	MRN:	AGE:
IC:	GENDER:	RACE:
WARD/CLINIC:	DEPARTMENT:	
DATE OF CURRENT ADMISSION:	DATE OF PREVIOUS HOSPITALISATION (if any):	
CURRENT DIAGNOSIS:		
INDICATION OF TEST:		
CLINICAL EXAMINATION		
History of presenting illness: .....		
.....		
.....		
Any previous exposure to drugs/chemicals which may have induced aplasia, hemolysis: .....		
Any family history of anemia or bleeding: .....		
Any hematinic (Fe, Vit B Complex, Folic acid, Vit B12): .....		
Any history of blood transfusion? When? .....		
Physical findings:		
Any jaundice?	.....	
Lymphadenopathy?	.....	
Splenomegaly?	.....	
Hepatomegaly?	.....	
Bleeding tendency (e.g. purpura)?	.....	
Other findings?	.....	
Laboratory data:		
Hb	.....	TWBC ..... Platelet .....
Retic	.....	Se Urea ..... Se Bilirubin .....
LDH	.....	LFT .....
Others	.....	
Date of collection of specimen:	Signature of Doctor: Name & Stamp:	