Patient Name:	Patient Age:
Patient Sex: Male ☐ Female ☐	o II - II □ Months
FORM HIFP1 - BONE MARROW ASPIRATE RESULTS	
Date of Test:     /	or Not Done 🗖 1
Day Month Year	
a) Bone Marrow Involvement Present:	Yes □ 1
a) Boile Marrow involvement resent.	No $\square$ 2
	Unknown □ 3
Summary of Results:	
Summary of Results.	

Initials/Date

Top Copy: Affix Hospital ID label and Return to Study Office Bottom Copy: Retain by Lab

Transcribed by: \_\_

Checked by: \_\_\_

(stick label here)

Hospital ID

(stick label here)