

Patient Name: \_\_\_\_\_

Patient Age: |\_\_| |\_\_| . |\_\_|

Years

Months

Patient Sex: Male  Female

### FORM HIFP2 - BL HISTOLOGY RESULTS

Date of Test: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_| or Not Done  \_\_\_\_\_  
Day Month Year

BL Status: Burkitt's Lymphoma Diagnosed  1  
Burkitt's Lymphoma Not Diagnosed  2

**Hospital ID**  
(stick label here)

*Initials/Date*  
Transcribed by: \_\_\_\_\_  
Checked by: \_\_\_\_\_

**Subject ID**  
(stick label here)