

Patient Name: _____

Patient Age: |__| |__| . |__|

Years

Months

Patient Sex: Male Female

FORM HIFP1 - BONE MARROW ASPIRATE RESULTS

Date of Test: |__| |__| / |__| |__| / |__| |__| |__| |__| or Not Done _____
Day Month Year

a) Bone Marrow Involvement Present: Yes 1
No 2
Unknown 3

Summary of Results:

Hospital ID
(stick label here)

Initials/Date
Transcribed by: _____
Checked by: _____

Subject ID
(stick label here)