

Bone Marrow Aspiration (BMA) Appointment Booking Form

* All cases requiring a BMA for the first time should be referred to the Haematology / Oncology service. Ordering physician to complete the booking form, photocopy the completed form and keep the original in patient's case note. Send the photocopied form to the Haematology Lab by pneumatic tube. The lab staff will contact the ward concerned to acknowledge receipt of the booking.

** For VIVA-NUS CenTRAL order form and collection containers, please contact Haem/Onco coordinator (Ext. 5025).

*** For culture media, please contact Microbiology Lab (Ext. 1388 / 1389).

A. Patient Information:

Patient's Sticky Label (Name / MRN)		Diagnosis / Indications:
		Reason for Urgent Request:
Patient's current location:	Date of BMA:	Venue of BMA:

B. Tests to Be Done (To put up CPOE orders as appropriate):

<input type="checkbox"/> BMA 3-in-1 Morphology (<i>at least 8 smears</i>) Immunophenotyping – SGH (<i>1 x 3ml EDTA</i>) Chromosome Analysis (<i>2ml in prepared media</i>)	<input type="checkbox"/> Unilateral	<input type="checkbox"/> Bilateral			
<input type="checkbox"/> Morphology Only	<input type="checkbox"/> Unilateral	<input type="checkbox"/> Bilateral			
<input type="checkbox"/> Trepine Biopsy	<input type="checkbox"/> Unilateral	<input type="checkbox"/> Bilateral			
Molecular Tests <table style="width: 100%;"> <tr> <td style="width: 33%;"> KKH: <input type="checkbox"/> STR (<i>1 x 2ml EDTA</i>) <input type="checkbox"/> STR with CD3 Chimerism (<i>1 x 2ml EDTA</i>) </td> <td style="width: 33%;"> SGH: <input type="checkbox"/> BCR/ABL (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> PML/RARa (RT-PCR) (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> Myeloid Neoplasm NGS Panel (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> FLT3- ITD (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> FISH (PML/RARa) (<i>1 x 3ml lithium heparin</i>) </td> <td style="width: 33%;"> NUH: <input type="checkbox"/> GATA1 Sequencing (<i>1 x 3ml EDTA</i>) Others: _____ </td> </tr> </table>			KKH: <input type="checkbox"/> STR (<i>1 x 2ml EDTA</i>) <input type="checkbox"/> STR with CD3 Chimerism (<i>1 x 2ml EDTA</i>)	SGH: <input type="checkbox"/> BCR/ABL (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> PML/RARa (RT-PCR) (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> Myeloid Neoplasm NGS Panel (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> FLT3- ITD (<i>3 x 3ml EDTA</i>) <input type="checkbox"/> FISH (PML/RARa) (<i>1 x 3ml lithium heparin</i>)	NUH: <input type="checkbox"/> GATA1 Sequencing (<i>1 x 3ml EDTA</i>) Others: _____
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Microbiology Tests (please circle) <input type="checkbox"/> Culture ***: Aerobic / Anaerobic / AFB / Fungal / Others: _____ <input type="checkbox"/> Microscopy Smear: AFB / Fungal / Gram Stain / Others: _____ <input type="checkbox"/> Molecular (PCR): Parvovirus / TB / Adenovirus / EBV / Others: _____		<i>Culture media provided by Wards / CDT.</i>			
Investigations managed by Haem/Onco Coordinator ** <input type="checkbox"/> NUS Flow: Immunophenotyping / MRD <input type="checkbox"/> NUS Molecular: MRD / RNA Seq / <i>IKZF1</i> / OFT- BCR::ABL1 TPMT / NUDT15 Others: _____		<input type="checkbox"/> CAR-T Flow <i>Collection tubes provided by Wards / CDT.</i>			

Staff Information:

Name of Primary Physician (Consultant-In-Charge) *:	
Name & Signature of Ordering Physician:	
Name & Contact No. of Ward / CDT Staff (<i>to receive phone confirmation by lab</i>):	
Booking Date:	Booking Time:

Please fill up the following details after confirmation with lab staff.

Time of BMA (tentatively allocated after discussion with lab staff):		Name of Lab Staff who Confirms the Booking:	
Confirmation Date:		Confirmation Time:	