

Bone Marrow Evaluation

Order Name: **Bone Marrow**
Test Number: 2917900
Revision Date: 11/16/2023

| TEST NAME | METHODOLOGY | LOINC CODE |
|--|----------------|-----------------------|
| Complete Blood Count (CBC) with Automated Differential | Flow cytometry | See Individual Assays |
| Reticulocyte (Retic) Count | Flow cytometry | |
| Immature Platelet Fraction | Flow cytometry | 71693-6 |
| Hemo Bone Marrow | | |
| JIC Clot | | |
| JIC Lavender | | |

SPECIMEN REQUIREMENTS

| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment | | | | |
|---|---|----------------------------------|----------------------------------|----------------------------------|--|--|--|--|
| Preferred | See Instructions | See Instructions | See Instructions | See Instructions | | | | |
| Instructions | Aspirate - Smears | | | | | | | |
| | 1. Place 2 mL of aspirate into a 2.7 mL light blue Sodium Citrate (3%) tube and mix thoroughly. Heparin or EDTA anticoagulants should NOT be used since they may produce staining artifacts. | | | | | | | |
| | 2. Prepare 8-10 pull prep slides from the anticoagulated aspirate. Send the remaining citrated aspirate to the laboratory. Alternatively, send the entire citrated aspirate to the lab ASAP for preparation of smears. | | | | | | | |
| | Aspirate – Additional testing (Flow Cytometry, Cytogenetics, Chromosomes, PCR & Microbiology) | | | | | | | |
| | 1. Place at least 2-3 ml of aspirate into each of the following tubes for additional testing: | | | | | | | |
| | - One Lavender EDTA tube for Flow Cytometry and Molecular testing. | | | | | | | |
| | - One Dark green sodium heparin, no gel tube for Chromosome studies. | | | | | | | |
| | - If cultures have been requested on the bone marrow, also add 2 mL of aspirate into a Yellow SPS tube or Wampole Isolator tube. | | | | | | | |
| | 2. Invert the tubes several times to allow for proper specimen and anticoagulant mixing. | | | | | | | |
| | 3. Pre-authorization for cytogenetic and molecular testing should be obtained. Include a signed Advanced Beneficiary Notice with this testing request. | | | | | | | |
| | Clot (for Histology Sections) | | | | | | | |
| | 1. Allow remaining aspirate to clot in syringe. Slowly remove plunger and clot from syringe. | | | | | | | |
| | 2. Place clot in a sterile screw top cup containing 10% buffered formalin. Use enough formalin to cover the specimen. | | | | | | | |
| | Bone Biopsy and Touch Preparations | | | | | | | |
| | 1. If an aspirate has been obtained, place the core biopsy in a sterile cup and cover with 10% buffered formalin. | | | | | | | |
| | 2. If there is a dry tap and the physician obtains only a core biopsy, a generous biopsy or several smaller biopsies should be obtained to allow complete testing. | | | | | | | |
| | A. Touch preparations should be made using the biopsy, removing as much blood as possible prior to making touch preps. Prepare 6-8 touch prep slides by touching, not pressing, the biopsy to clean slides. Make sure slides are properly labeled with the patient name and DOB, in pencil. | | | | | | | |
| | B. The core biopsy specimen(s) should then be divided or sectioned for additional testing (e.g. Flow and/or Chromosomes), and separate pieces should be placed into the following: | | | | | | | |
| | - One Piece in a sterile cup, covered in 10% formalin for histology | | | | | | | |
| | - One Piece in a sterile cup, covered in RPMI for Flow | | | | | | | |
| | - One Piece in RPMI for Cytogenetics | | | | | | | |
| DOWNLOADS: | | | | | | | | |
| Each Bone Marrow order should be accompanied by a current history and physical. In addition to filling out the Hematopathology Work-Up Requisition , please use the Bone Marrow collection form as a checklist to document the specimens collected and submitted to the laboratory. | | | | | | | | |
| Please fill out this form and submit it alongside your specimens. Those forms and a helpful Bone Marrow Collection Quick Reference Visual Guide and other documents can be found at the following links. | | | | | | | | |
| Bone Marrow Collection Quick Reference Visual Guide | | | | | | | | |
| Bone Marrow Collection Form | | | | | | | | |
| Hematopathology Work-up Requisition | | | | | | | | |

GENERAL INFORMATION

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|---------------------|---|
| Clinical Use | Pathology Report will be issued on this Component and Result Alias at an additional charge on Order/Result Code: [8411010] Hematology Consult Addendum Pathology Reports will be issued on this Component and Result Alias at an additional charge on Order/Result Code: [8070150] Addendum Report |
| Notes | A bone marrow evaluation includes examination of the peripheral blood smear, a CBC with automated differential, immature platelet fraction and a reticulocyte count. In addition to the bone marrow specimens, send an EDTA whole blood specimen for this testing. All specimens should be properly labeled with the patient name, MRN, DOB, collection date and time and the specimen types (aspirate, biopsy, clot or blood). |
| CPT Code(s) | 85025, 85045, 85055 (additional codes are possible depending on clinical findings) |
| Lab Section | Hematology |

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