



Bone Marrow Collection Kit

All completed bone marrow collections will be forward to the following address for final distribution to the various departments.

***Special Hematology Laboratory Room 5013A
Indiana University Health Pathology Lab
350 West 11th Street
Indianapolis, IN 46202
317-491-6000***

1. Routine bone marrow collection requests may include:
 - a. Bone marrow for clot section
 - b. Bone marrow for biopsy
 - c. Bone marrow aspirate for Flow Cytometry
 - d. Bone Marrow aspirate for Cytogenetics
 - e. Bone Marrow aspirate smears.
 - f. Bone Marrow biopsy touch preps.

Special Bone marrow requests may include:

- g. Bone Marrow aspirate for Cultures
- h.. Bone Marrow aspirate for Molecular Study

2. A successful bone marrow evaluation requires knowledge of the patient and the reason(s) the study was requested. The following information should be obtained and recorded on requisitions.
 - a. Patient Name
 - b. Patient Date of Birth
 - c. Patient Location
 - d. Primary Diagnosis
 - e. Clinical Indication(s)
 - f. Collection Date and Time
 - g. Collection Site
 - Left Posterior Iliac Crest (LPIC)
 - Right Posterior Iliac Crest (RPIC)
 - Sternum
 - Left Anterior Iliac Crest (LAIC)
 - Right Anterior Iliac Crest (RPIC)
 - h. Special Studies Requested (Cytogenetics analysis, Flow Cytometry, Cultures, etc.)
 - i. Name / Pager number/ telephone number of physician requesting examination.
3. Please include current (within 24 hours) CBC with differential. Send two stained peripheral smears and histogram with each Bone Marrow case.

4. **Histology samples**

- a. Place Bone Marrow aspirate clot and biopsy into separate 10% formalin cups.
Label each container with:
- | | |
|---------------|------------------------|
| Patient Name | Collection Date & time |
| Date of Birth | Collection Site |

Note: Collection Time is necessary for completing the de-calcifying process of the biopsy.

5. **Flow Cytometry samples.**

- a. Collect bone marrow aspirate, minimum of 0.5mL, in dark green NA Heparin Tube.

6. **Cytogenetics samples.**

- a. Collect bone marrow aspirate, minimum of 0.5 mL, in a dark green NA Heparin tube.

7. **Hematopathology Samples.**

- a. Bone Marrow aspirate smears.
1) Aspirate smears are made at time of collection. The bone marrow aspirate will be collected by a physician and immediately handed to the technologist/assistant who is assisting with the collection.

Note: The initial aspiration should always be used for morphologic review.

- 2) Place a drop of the bone marrow aspirate sample on a slide (angled downwards) and while the aspirate is running down the slide examine for presence of spicules.
3) Crush technique- Place a drop of bone marrow aspirate sample at one end of one of the two slides. Then place the slides on top of each other and gently compress to spread and disperse the sample as the slides are pulled apart.
4) Additional Bone Marrow aspirate should be added to lavender EDTA tube in case additional smears and /or tests are requested.
5) Label slides & EDTA tube with Patient's full name, date of birth and date of collection.

Note: Please place notation on lavender EDTA tube that sample is Bone Marrow.

- b. Bone Marrow biopsy core samples.

- 1) Two to five touch imprint smears should be made by gently and repeatedly touching the biopsy to the slide or by gently and repeatedly touching the slide to the biopsy.
2) Once sufficient slides are made, place the biopsy in 10% formalin cup.
3) Label slides with Patient full name, date of birth and date of collection.

8. **Bone Marrow Aspirate for Culture(s)**

- a. Collect bone marrow aspirate, in sterile dark green NA Heparin Tubes.
Label tube with Patient name, date of birth and date of collection.
b. Mark on Bone Marrow Requisition specimen submitted for Cultures.

9. **Bone Marrow Aspirate for Molecular Studies**

- a. Collect Bone Marrow Aspirate in Lavender EDTA tube. Tube can be shared.
Label tube with Patient name, date of birth and date of collection.