

Cell Morphology Information Sheet

Patient Name _____

Ordering Location _____

Birthdate _____ Sex: M or F

Specimen Collect Date _____ Time _____

Provider _____ Phone Number _____

Diagnosis; Clinical Findings: _____

☐ Physician ordered ☐ Tech ordered

Reason for Cell Morphology:

- ☐ Pancytopenia
 - ☐ Thrombocytopenia and or Leukopenia
 - ☐ Thrombocytosis and/or Leukocytosis
 - ☐ WBC morphology abnormal
 - ☐ Suspect Blasts
 - ☐ Decreased Hemoglobin/Hematocrit/RBC
 - ☐ Significant RBC morphology
 - ☐ NRBC's present
 - ☐ Blood Parasite suspected. If so, please complete the following:
 - Parasite suspected _____
 - Country Patient visited _____
 - Patient Symptoms _____
 - Other _____
 - ☐ Other. Please provide as much information as possible.
- _____
- _____

Network Hospital Lab Reminders

- Send the EDTA tube with two unstained slides
- Slides must be labeled with patient name and date of birth
- Please provide results with normal ranges or Mercy Lab will order a CBC
- Send patient insurance information for Pathology billing