CentraCare
Rice Memorial Hospital

Peripheral Blood Smear, Morphology Clinical Information Form

Submitting Facility Chart Label (EPIC or other EMR)	EPIC order label **LAB0002010** with consult (CBC/diff/meds/H&P/other labs reviewed) or: **LAB0204586** (CBC/diff limited review only)

You have requested a peripheral blood morphology test on a patient. In order for the pathologist(s) at Rice to make an accurate diagnosis, we need the following information.

Please include the following if available. If not available please write "not available" in the space provided.

1. **CBC with 5 part differential data.**_____
2. **Recent clinical notes discussing this patient's hematologic abnormalities:** _____
3. **Medication list:**_____
4. **Most recent H&P with past medical history.**_____
5. **Laboratory studies:** B12, Folate, iron studies (serum iron, ferritin, IBC, %saturation), TSH, hepatic panel, erythropoietin, and/or basic metabolic panel._____
6. **Non-Epic site demographics -** please include demographics information/form/sheet_____

✶Please send the above information in addition to this form with the sample to RMH laboratory. There may be a delay in report turn around time if information does not arrive with the sample.

Thank you!

CentraCare Health Rice Memorial Hospital Pathology
301 Becker Ave SW, Willmar, MN 56201
Phone: 1-800-922-RICE
Fax: 320-231-4503