

## Morphology Clinical Information Form

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. \_\_\_\_\_

★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.

Please place COPIA/Beaker sticker here:

**Thank you!**

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