

# Clinical Hematology Laboratory Request for Examination of Peripheral Blood Morphology (Front)

**PATIENT INFORMATION**  
 IF NO ADDRESSOGRAPH PRESS HARD, FILL IN  
 NAME, DATE, HOSPITAL # AND DATE OF BIRTH.

**CLINICAL HEMATOLOGY LABORATORY**  
 REQUEST FOR EXAMINATION OF PERIPHERAL  
 BLOOD MORPHOLOGY



REQUESTING  
 PHYSICIAN'S NAME

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CLINICAL CONDITION SUSPECTED AS A  
 CAUSE OF ABNORMAL MORPHOLOGY

<b>EXAM REQUESTED</b>
RBC MORPHOLOGY
EVALUATION OF LEFT SHIFT ONLY
OTHER (MUST BE SPECIFIED)

FORM #2956 (Rev. 02/03)

# Clinical Hematology Laboratory Request for Examination of Peripheral Blood Morphology (Back)

MORPHOLOGICAL EXAMINATION									
RBC MORPHOLOGY	TARGET CELLS	GRANULOCYTES	LYMPHOCYTES	MONOCYTES					
ANISO	PLATELETS	SEG.	LYMPH	MONO					
POIK	SICKLE CELLS	BAND	BLYMPH	Y MONO					
POLY	PLAT. EVAL.	META	PROLYMPH						
HYPO	PLAT. ENLARGE	MYELO	ATLYMPH						
MACRO	MEG. K. FR.	PROG	ABLYMPH						
MICRO	PLAT. CLUMPS	EOS		OTHER SIGNIFICANT FINDINGS					
HJB		BASO		BLAST					
BURR				NRBC					
TEAR DROPS				PELGER					
OVAL				AUER					
BAST				DOHLE					
OTHER				OTHER					

FINDING(S) IN QUESTION \_\_\_\_\_

PATHOLOGIST'S FINDINGS \_\_\_\_\_

SAMPLE # \_\_\_\_\_

PERFORMED BY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE / DATE: \_\_\_\_\_