

Morphology Clinical Information Form



Rice Memorial Hospital

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:

1. CBC with 3 or 5 part differential data must be submitted.

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

2. Recent clinical notes discussing this patient’s hematologic abnormalities: _____

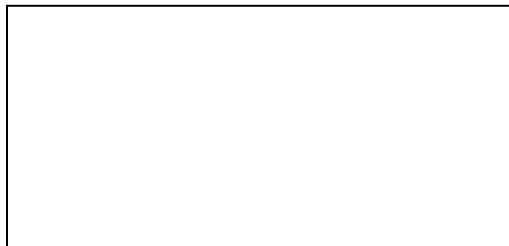
3. Medication list:_____

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 submit this completed form and the above information 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 sticker here:



Thank you!

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