

Fanconi Anemia Registry 01
FAR01

Bone marrow aspirate

Patient initials (first name, last name) |_|_|

Quarter and Year of Birth (q/yyyy) |_|/|_|_|_|_|

Sex male female

Ocogenetic and culture studies
please submit report

(At or around time of diagnosis, first bone marrow)

Date of bone marrow puncture (dd/mm/yy) |_|_|||_|_|||_|_|

Specify results _____

(Most recent bone marrow)

Date of bone marrow puncture (dd/mm/yy) |_|_|||_|_|||_|_|

Specify results _____

Bone marrow data
please submit report

Bone marrow aspirate, Reference morphology: Date (dd/mm/yy) |_|_|||_|_|||_|_|

Please give pretransfusion levels

PB at the BM aspirate:

WBC _____ unit _____ MCV _____ unit _____

ANC _____ unit _____ Hb _____ unit _____

Platelets _____ unit _____ Reti _____ unit _____

Bone marrow aspirate
Cell content

- decreased
 normal
 increased

Megakaryocytes

- decreased
 normal
 increased

Differential count (%)	Peripheral blood	Bone marrow
Blast		
Promyelocyte		
Myelocyte		
Metamyelocyte		
Band		
Segmented		
Eosinophil		
Basophil		
Lymphocyte		
Monocyte		
Erythroblast		
	100%	100%
Name of reviewing center		

Transfusion dependent on red cells no yes

Transfusion dependent on platelets no yes

Further comments: _____

Referring physician name and institution

_____ |
Address _____ |
Telephone and fax _____ |
Email _____ |

Date | _ | _ | | _ | _ | | _ | _ | |

Signature _____