EWOG MDS – 2006

Registration Form for BM Histology

To be completed by the reference pathologist

Patient name or UPN I_____I **Date of birth** I__I__II__I__II__I__I (dd/mm/yy)

Center I_____I **Date of biopsy** I__I__II__I__II__I__I (dd/mm/yy)

Size of biopsy I_____I x I_____I mm

Fixation ☐ Formaldehyde 4-5% ☐ other if yes, specify I_____I

Decalcification ☐ EDTA ☐ Formic acid

Quality of bone marrow trephine ☐ insufficient ☐ trephine not evaluable

Cellularity

	absent	decreased	normal	increased	
Total	☐	☐	☐	☐	
Granulopoiesis	☐	☐	☐	☐	
Erythropoiesis	☐	☐	☐	☐	
Megakaryopoiesis	☐	☐	☐	☐	☐ proven by CD 61

Patchy areas: Erythropoiesis ☐ no ☐ yes

Granulopoiesis ☐ no ☐ yes **% fat tissue** I_____I

Fe: ☐ None ☐ Normal ☐ High ☐ not done ☐ detectable in BM smear

Maturation defects

Erythropoiesis		Granulopoiesis		Megakaryopoiesis	
maturing	☐ no ☐ yes	maturing	☐ no ☐ yes	mikromegakaryocytes	☐ no ☐ yes
left-shifted	☐ no ☐ yes	left-shifted	☐ no ☐ yes	other dysplastic features	☐ no ☐ yes
increased mitoses	☐ no ☐ yes				

Diagnosis

Myelofibrosis ☐ no ☐ yes if yes: 1. ☐ slight ☐ moderate ☐ severe

2. ☐ not patchy ☐ patchy

Blasts ☐ < 5% ☐ 5 – 9% ☐ 10 – 19%

☐ 20 – 29% ☐ 30 – 50% ☐ > 50%

☐ focal ☐ diffus immunophenotype of blasts: I_____I not done ☐

Diagnosis ☐ RC ☐ RARS ☐ RAEB ☐ RAEB-t ☐ MDR-AML

☐ Myelofibrotic MDS ☐ Aplasia ☐ other, please specify: I_____I

PB blood smear was available for review of biopsy: ☐ no ☐ yes

BM aspirate was available for review of biopsy: ☐ no ☐ yes

Comment I_____I

Date I__I__II__I__II__I__I Signature: I_____I