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## Recommendations for collecting and processing good quality bone marrow specimens

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Morphology was the sole criterion for diagnosing hematolymphoid malignancies for about 60 years until the REAL classification added in 1994 immunophenotyping to morphology. In 2001 the WHO revolutionized the world of hematopathology by introducing cytogenetics establishing the current tripod of morphology, immunophenotyping and cytogenetics necessary to diagnose and manage patients suffering from hematolymphoid ailments. Despite the remarkable technological progress that provided us with all these ancillary studies, morphological evaluation remains the initial and most important criterion in diagnosing hematolymphoid malignancies. Furthermore, the premise for a good morphological evaluation rests on obtaining and processing high quality specimens. A good quality specimen is also necessary for obtaining accurate flow immunophenotyping, cytogenetic or molecular results. In 2008 the new WHO blue book introduced for the first time recommendations with regard to the minimum length of a bone marrow core biopsy (at least 1.5 cm in length). However, the authors shied away from stipulating guidelines for the other specimens that are usually collected at the time of a bone marrow biopsy (aspirates, touch imprints, specimens for ancillary studies). This presentation will try to put together different aspects of collecting and processing bone marrow biopsies and aspirations in hope that this information will help in obtaining high quality specimens.

### Biography

Adrian M Padurean is currently the Medical Director of the NeoGenomics Florida Laboratory. He has received his Medical degree from Institutul de Medicina in Timisora, Romania. He has conducted medical research in the field of Cardiovascular Biology at Massachusetts General Hospital/Harvard Medical School and Mount Sinai Medical Center, New York. Subsequently, he has also completed his Pathology Residency at Regions Hospital in St. Paul, Minnesota and Hematopathology Fellowship training at the University of Minnesota. He has earned MBA in Healthcare Administration from the Quinlan School of Business at Loyola University Chicago.

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