

Site Number:  
Date of Visit:  
Person Completing Form:

Participant ID:  
Participant Letters:

Use this form to record the results of a subject's complete blood cell count with differential. In Section A, record the date the blood sample was drawn. Once the results of the test have been obtained, record the results in Section B.

**Instructions:** This sample will be analyzed at your local lab. Draw the blood sample in a 2-ml EDTA tube (or equivalent) according to the instructions provided by your local lab. Process the sample according to the instructions provided by your local lab.

## A. COLLECTION INFORMATION

1. Date the blood sample was drawn (e.g. 05/Sep/2005):

__	__	/	__	__	/	__	__	__
DAY			MONTH			YEAR		

## B. TEST RESULTS

1. Date results reported by lab:

__	__	/	__	__	/	__	__	__
DAY			MONTH			YEAR		

Test	Result	Result Within Normal Range?	If abnormal, clinically significant?
2. Red Blood Cell Count	__ . __ 10 <sup>6</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Hemoglobin	__ . __ g/dL	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Hematocrit	__ . __ %	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. MCV	__ . __ μm <sup>3</sup>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Platelet count	__ . __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. MCH	__ . __ pg	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. MCHC	__ . __ g/dL	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### DIFFERENTIAL

		Result Within Normal Range?	If abnormal, clinically significant?
9. a. White blood cell count	__ . __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. PMN leukocytes	__ . __ %OR __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Lymphocytes	__ . __ %OR __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Monocytes	__ . __ %OR __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Eosinophils	__ . __ %OR __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Basophils	__ . __ %OR __ 10 <sup>3</sup> cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If results are considered Grade 2 or greater, complete an Adverse Event Report Form