



## Laboratory Evaluation (Pediatric)

Patient ID \_\_\_ - \_\_\_ ID \_\_\_ - \_\_\_

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

### Section I: LAB TESTS (performed locally only)

					Date of sample (If different from above) mm/dd/yy	Not Done	
1. White blood cells	<b>WBC</b>	___	x10 <sup>3</sup> /mm <sup>3</sup>		<b>WBCM/D/Y</b>	<input type="checkbox"/>	
2. Platelets	<b>PLAT</b>	___	x10 <sup>3</sup> /mm <sup>3</sup>		<b>PLATM/D/Y</b>	<input type="checkbox"/>	
3. ANC	<b>ANC</b>	___	x10 <sup>3</sup> /mm <sup>3</sup>		<b>ANCM/D/Y</b>	<input type="checkbox"/>	
4. Hemoglobin	<b>HGB</b>	___	g/dL		<b>HGBM/D/Y</b>	<input type="checkbox"/>	
5. Hematocrit	<b>HTC</b>	___	%		<b>HTCM/D/Y</b>	<input type="checkbox"/>	
6. Hemoglobin A1C	<b>HA1C</b>	___	%		<b>HA1CM/D/Y</b>	<input type="checkbox"/>	
7. ALT	<b>ALT</b>	___	IU/L		<b>ALTM/D/Y</b>	<input type="checkbox"/>	ALT normal range: <b>ALTL - ALTU</b>
8. AST	<b>AST</b>	___	IU/L		<b>ASTM/D/Y</b>	<input type="checkbox"/>	AST normal range: <b>ASTL - ASTU</b>
9. Alkaline phosphatase	<b>ALKP</b>	___	IU/L		<b>ALKPM/D/Y</b>	<input type="checkbox"/>	Alk P normal range: <b>ALKPL - ALKPU</b>
10. Total bilirubin	<b>TBILI</b>	___	mg/dL		<b>TBILIM/D/Y</b>	<input type="checkbox"/>	
11. Direct bilirubin	<b>DBILI</b>	___	mg/dL		<b>DBILIM/D/Y</b>	<input type="checkbox"/>	
12. Indirect bilirubin	<b>IBILI</b>	___	mg/dL		<b>IBILIM/D/Y</b>	<input type="checkbox"/>	
13. Albumin	<b>ALB</b>	___	g/dL		<b>ALBM/D/Y</b>	<input type="checkbox"/>	
14. Total protein	<b>TP</b>	___	g/dL		<b>TPM/D/Y</b>	<input type="checkbox"/>	
15. Calcium	<b>CA</b>	___	mg/dL		<b>CALCM/D/Y</b>	<input type="checkbox"/>	
16. BUN	<b>BUN</b>	___	mg/dL		<b>BUNM/D/Y</b>	<input type="checkbox"/>	
17. Creatinine	<b>CREAT</b>	___	mg/dL		<b>CREATM/D/Y</b>	<input type="checkbox"/>	
18. Creatinine clearance	<b>CREATCL</b>	___	mL/min		<b>CREATCLM/D/Y</b>	<input type="checkbox"/>	
19. Phosphorus	<b>PHOS</b>	___	mg/dL		<b>PHOSM/D/Y</b>	<input type="checkbox"/>	
20. CK	<b>CK</b>	___	U/L		<b>CKM/D/Y</b>	<input type="checkbox"/>	
21. Serum lipase	<b>LPS</b>	___	U/L		<b>LPSM/D/Y</b>	<input type="checkbox"/>	
22. Uric acid	<b>UA</b>	___	mg/dL		<b>UAM/D/Y</b>	<input type="checkbox"/>	
23. INR	<b>INR</b>	___			<b>INRM/D/Y</b>	<input type="checkbox"/>	
24. PT	<b>PT</b>	___	seconds		<b>PTM/D/Y</b>	<input type="checkbox"/>	
25. AFP	<b>AFP</b>	___	ng/mL		<b>AFPM/D/Y</b>	<input type="checkbox"/>	
26. Glucose	<b>GLU</b> (Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>FASTYN</b> )	___	mg/dL		<b>GLUM/D/Y</b>	<input type="checkbox"/>	
27. Cholesterol (total)	<b>TCHOL</b>	___	mg/dL		<b>TCHOLM/D/Y</b>	<input type="checkbox"/>	
28. Triglycerides	<b>TGY</b>	___	mg/dL		<b>TGYM/D/Y</b>	<input type="checkbox"/>	
29. TSH	<b>TSH</b>	___	mcU/mL		<b>TSHM/D/Y</b>	<input type="checkbox"/>	
30. T4 (free)	<b>T4</b>	___	ng/dL		<b>T4M/D/Y</b>	<input type="checkbox"/>	
31. Thyroid Peroxidase Ab	<b>TPOAB</b>	<input type="checkbox"/> Pos <input type="checkbox"/> Neg			<b>TPOABM/D/Y</b>	<input type="checkbox"/>	
32. Pregnancy test	<b>PGT</b>	<input type="checkbox"/> Pos <input type="checkbox"/> Neg			<b>PGTM/D/Y</b>	<input type="checkbox"/>	
33. Serum electrolytes	<b>ELYT</b>	<input type="checkbox"/> CS <input type="checkbox"/> NCS			<b>ELYTM/D/Y</b>	<input type="checkbox"/>	
34. Urinalysis	<b>URNA</b>	<input type="checkbox"/> CS <input type="checkbox"/> NCS			<b>URNAM/D/Y</b>	<input type="checkbox"/>	



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### Section I: LAB TESTS (cont.) (performed locally only)

			Date of sample (If <i>different</i> from above) mm/dd/yy	Not Done	
35. HBsAg <b>HBSAG</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HBSAGM/D/Y</b>	<input type="checkbox"/>
36. HBeAg <b>HBEAG</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HBEAGM/D/Y</b>	<input type="checkbox"/>
37. Anti-HBs <b>HBS</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HBSM/D/Y</b>	<input type="checkbox"/>
38. Anti-HBe <b>HBE</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HBEM/D/Y</b>	<input type="checkbox"/>
39. Anti-HDV <b>HDV</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HDVM/D/Y</b>	<input type="checkbox"/>
40. Anti-HCV <b>HCV</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HCVM/D/Y</b>	<input type="checkbox"/>
41. Anti-HIV <b>HIV</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HIVM/D/Y</b>	<input type="checkbox"/>
42. Anti-HBc IgM <b>HBC</b>	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Equiv	<b>HBCM/D/Y</b>	<input type="checkbox"/>
43. HBV DNA level	___ <b>BDNA</b> _ 1 <input type="checkbox"/> IU/mL <b>BUNIT</b> LLD: <b>BDNALL</b> 2 <input type="checkbox"/> copies/mL		<b>BDNAM/D/Y</b>	<input type="checkbox"/>	

Data collector initials: **DCID**

Date data collection completed (mm/dd/yy): **DCM / DCD / DCY**