

No.	Data Item	Data Value
a	Data collected? DB Name: [zDataCollected]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=58 and zItemNb>=0]
1	Date of blood draw DB Name: [Q01]	<input type="text"/> / <input type="text"/> / <input type="text"/> <i>Complete Date</i>
2	White Blood Cell Count DB Name: [Q02]	<input type="text"/> <i>K/CUMM</i>
3	Red Blood Cell Count DB Name: [Q03]	<input type="text"/> <i>M/CUMM</i>
4	Hemoglobin DB Name: [Q04]	<input type="text"/> <i>gm/dL</i>
5	Hematocrit DB Name: [Q05]	<input type="text"/> <i>%</i>
6	Platelet Count DB Name: [Q06]	<input type="text"/> <i>K/CUMM</i>
7	Was Absolute Neutrophil Count reported? (If "No", form is complete) DB Name: [Q07]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=51]
8	Absolute Neutrophil Count DB Name: [Q08]	<input type="text"/> <i>K/CUMM</i>
c	General Comments DB Name: [zNotes]	<input type="text"/> 250 char.