

Site Number: _____ Participant ID: _____ Participant Letters: _____

Date of Visit: * _____ / _____ / _____
DD **MMM** **YYYY**

User ID: * _____

A. COLLECTION INFORMATION

1. Date the blood sample was drawn: * _____ / _____ / _____
 DAY MONTH YEAR

B. TEST RESULTS

2. Date results reported by lab: * _____ / _____ / _____
 DAY MONTH YEAR

Test	Result		Result Within Normal Range?*	If abnormal, clinically significant?*
3. Red Blood Cell Count*	____ . ____ 10 ⁶ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Hemoglobin*	____ . ____ g/dL	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Hematocrit*	____ . ____ %	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. MCV*	____ . ____ μ m ³	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Platelet count*	____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. MCH*	____ . ____ pg	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. MCHC*	____ . ____ g/dL	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
DIFFERENTIAL				
10. a. White blood cell count*	____ . ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. PMN leukocytes*	____ . ____ % OR ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Lymphocytes*	____ . ____ % OR ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Monocytes*	____ . ____ % OR ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Eosinophils*	____ . ____ % OR ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Basophils*	____ . ____ % OR ____ 10 ³ cells/ μ l	<input type="checkbox"/> Not Done	<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