

Site Number: _____ Screening ID: _____ - ____ First 3 Letters of First Name: _____

Complete this form for all monthly monitoring visits. Blood should be drawn at these visits for a complete blood count (CBC) with differential, to monitor EBV serology for those subjects who were EBV seronegative at study entry or to monitor EBV viral load (PCR) for those subjects who were EBV seropositive at study entry. Blood will only be drawn for a CBC during the first year of the study. Blood will only be drawn for EBV PCR during the first six-months of the study. Complete this form only for visits that are *not* part of the standard study follow-up schedule.

A. VISIT INFORMATION

1. Date of visit: _____ / _____ / _____

MM DD YYYY

2. For which visit in the monitoring sequence is this form being completed? (*check one*)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> ₃₅ Week 6 [†] | <input type="checkbox"/> ₁₀ Month 5 [†] | <input type="checkbox"/> ₁₈ Month 13 | <input type="checkbox"/> ₂₅ Month 20 |
| <input type="checkbox"/> ₃₆ Week 10 [†] | <input type="checkbox"/> ₁₂ Month 7 [†] | <input type="checkbox"/> ₁₉ Month 14 | <input type="checkbox"/> ₂₇ Month 22 |
| <input type="checkbox"/> ₇ Month 2 [†] | <input type="checkbox"/> ₁₃ Month 8 [†] | <input type="checkbox"/> ₂₁ Month 16 | <input type="checkbox"/> ₂₈ Month 23 |
| <input type="checkbox"/> ₈ Month 3 [†] | <input type="checkbox"/> ₁₅ Month 10 [†] | <input type="checkbox"/> ₂₂ Month 17 | <input type="checkbox"/> ₉₉ Other |
| <input type="checkbox"/> ₉ Month 4 [†] | <input type="checkbox"/> ₁₆ Month 11 [†] | <input type="checkbox"/> ₂₄ Month 19 | |

[†] Indicates that blood should be drawn for a complete blood count (CBC) for *all* subjects.

3. Did visit occur at a site other than the primary study site? Y N

IF YES,

a. Did visit occur at a TrialNet site (*Clinical Center, Affiliate or Participating Physician*)? Y N

IF YES,

1. Indicate Site Number for reimbursement: _____

NOTE: Site Number *must* correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician

IF NO,

2. Did visit occur at a commercial laboratory? Y N

B. MONITORING INFORMATION

1. Was blood drawn for a complete blood count (CBC) with differential at this visit? Y N

IF blood was drawn at a location *other than* the study site, complete **Section C** with normal ranges for the laboratory that analyzed the blood sample.

IF NO,

a. Explain: _____

2. Was blood drawn to test EBV serology at this visit? Y N

IF NO,

a. Explain: _____

3. Was blood drawn to test EBV viral load (PCR) at this visit? Y N

IF NO,

a. Explain: _____

Initials (first, middle, last) of person completing this form: _____

F M L

Date form completed: _____ / _____ / _____

MM DD YYYY

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

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C. NORMAL LAB REFERENCE RANGE INFORMATION

1. Indicate date form completed: ____ / ____ / ____
MM DD YYYY
2. Indicate blood draw location: _____
3. Indicate Site Number: _____
4. Indicate lower bound of age range for normal ranges: ____
Years
5. Indicate upper bound of age range for normal ranges: ____
Years

D. NORMAL RANGES

Test	a) Male (or Both)		b) Female	
	i. Lower	ii. Upper	i. Lower	ii. Upper
	1. Red Blood Cell Count (10^6 cells/ μ l) <i>(Note: 10^6 cells/μl = 10^{12} cells/L = 10^6 cells/mm^3)</i>	_____	_____	_____
2. Hemoglobin (g/dL)	_____	_____	_____	_____
3. Hematocrit (%)	____. ____	____. ____	____. ____	____. ____
4. MCV (μm^3) <i>(Note: $\mu m^3 = fL$)</i>	_____	_____	_____	_____
5. Platelet count (10^3 cells/ μ l) <i>(Note: 10^3 cells/μl = 10^9 cells/L = 10^3 cells/mm^3)</i>	_____	_____	_____	_____
6. MCH (pg)	____. ____	____. ____	____. ____	____. ____
7. MCHC (g/dL)	____. ____	____. ____	____. ____	____. ____
DIFFERENTIAL				
8. White blood cell count (10^3 cells/ μ l) <i>(Note: 10^3 cells/μl = 10^9 cells/L = 10^3 cells/mm^3)</i>	_____	_____	_____	_____
9. PMN leukocytes (%)	____. ____	____. ____	____. ____	____. ____
10. Lymphocytes (%)	____. ____	____. ____	____. ____	____. ____
11. Monocytes (%)	____. ____	____. ____	____. ____	____. ____
12. Eosinophils (%)	____. ____	____. ____	____. ____	____. ____
13. Basophils (%)	____. ____	____. ____	____. ____	____. ____

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