Site Number: __ __ __ __ Screening ID: __ __ __ __ - __ First 3 Letter of First Name: __ __ __

Use this form to record the results of a subject's complete blood count with differential. In **Section A** indicate the date the blood sample was drawn as well as the visit number. 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 5-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. Indicate date blood was drawn: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY)

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

☐ 1	Screening	☐ 35	*Week 6*	☐ 11	Month 6	☐ 17	Month 12	☐ 23	Month 18	☐ 29	Month 24
☐ 2	Baseline	☐ 7	Month 2	☐ 12	Month 7	☐ 18	Month 13	☐ 24	Month 19	☐ 30	Month 27
☐ 3	Week 1	☐ 36	*Week 10*	☐ 13	Month 8	☐ 19	Month 14	☐ 25	Month 20	☐ 31	Month 30
☐ 4	Week 2	☐ 8	Month 3	☐ 14	Month 9	☐ 20	Month 15	☐ 26	Month 21	☐ 32	Month 36
☐ 5	Week 3	☐ 9	Month 4	☐ 15	Month 10	☐ 21	Month 16	☐ 27	Month 22	☐ 33	Month 42
☐ 6	Week 4	☐ 10	Month 5	☐ 16	Month 11	☐ 22	Month 17	☐ 28	Month 23	☐ 34	Month 48
										☐ 99	Other

3. If sample drawn at site other than primary study site, indicate Site Number for reimbursement: __ __ __ __

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

B. TEST RESULTS

1. Indicate date test was run: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY)

Test	Result	a) Result Within Normal Range?
2. Red Blood Cell Count	__ __ . __ __ 10^6 cells/µl	Y N
3. Hemoglobin	__ __ . __ __ g/dL	Y N
4. Hematocrit	__ __ . __ __ %	Y N
5. MCV	__ __ . __ __ μm^3	Y N
6. Platelet count	__ __ __ 10^3 cells/µl	Y N
7. MCH	__ __ . __ __ pg	Y N
8. MCHC	__ __ . __ __ g/dL	Y N
DIFFERENTIAL		**1) Result Within Normal Range?**
9. White blood cell count	__ __ . __ __ 10^3 cells/µl	Y N
a. PMN leukocytes	__ __ . __ __ %	Y N
b. Lymphocytes	__ __ . __ __ %	Y N
c. Monocytes	__ __ . __ __ %	Y N
d. Eosinophils	__ __ . __ __ %	Y N
e. Basophils	__ __ . __ __ %	Y N

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).*