

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
LOCAL LAB RESULTS (CBC ) FORM # 113

The CBC is done at baseline and annually thereafter. For dialysis patients: Blood should be drawn pre-hemodialysis; however, patients supported with peritoneal dialysis or a kidney transplant can have their blood drawn at any time.

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

CBC Results

4. Date blood drawn (mm/dd/yyyy) .....     /    /     <sup>DRAW-DT</sup>

5. WBC (x10<sup>3</sup>/mm<sup>3</sup>) .....      <sup>WBC</sup>

6. Hemoglobin (g/dl) .....      <sup>HEMOGLOBIN</sup>

7. Hematocrit (%) .....      <sup>HEMATOCRIT</sup>

200. Date this form completed (mm/dd/yyyy) .....     /    /     <sup>COMPL-DT</sup>

201. Certification ID of person completing this form .....      <sup>COMPL-BY</sup>

**For Clinical Center Use Only:**

Certification ID of person entering this form: \_\_\_\_\_

Date Entered:     /    /