



Participant ID: ____ - ____ - ____ - ____

Participant Initials: ____

Clinical Center: ____

Site: ____

Visit Number: ____

CRF Date: ____/____/____

RC ID: ____

LABORATORY RESULTS – (CBC)

1. Date of blood draw: _____ / _____ / _____
MM DD YYYY

2. Time of blood draw: ____ : ____ (military time)

3. CBC Results (*based on local laboratory results*):

a. WBC: _____ . _____ (thousand/uL)

b. RBC: _____ . _____ (million/uL)

c. Platelets: _____ (thousand/uL)

d. Hemoglobin: _____ . _____ (g/dL)

e. Hematocrit: _____ . _____ (g/dL)

f. MCV: _____ (fl)

g. MCH: _____ . _____ (pg)

h. MCHC: _____ (%)

i. Eosinophils: _____ (cells/cu.mm)

j. Basophils: _____ (cells/cu. mm)

k. Neutrophils: _____ (cells/cu.mm)

l. Monocytes: _____ (cells/cu.mm)

m. Lymphocytes: _____ (cells/cu.mm)