



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: _____ . _____ (%)
- f. MCV: _____ . _____ (fL)
- g. MCH: _____ . _____ (pg)
- h. MCHC: _____ . _____ (g/dL)
- i. Eosinophils (Absolute value): _____ (cells/cu.mm)
- j. Basophils (Absolute value): _____ (cells/cu. mm)
- k. Neutrophils (Absolute value): _____ (cells/cu.mm)
- l. Monocytes (Absolute value): _____ (cells/cu.mm)
- m. Lymphocytes (Absolute value): _____ (cells/cu.mm)