



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) ₉₉ Not Done

j. Basophils (Absolute value): _____ (cells/cu. mm) ₉₉ Not Done

k. Neutrophils (Absolute value): _____ (cells/cu.mm) ₉₉ Not Done

l. Monocytes (Absolute value): _____ (cells/cu.mm) ₉₉ Not Done

m. Lymphocytes (Absolute value): _____ (cells/cu.mm) ₉₉ Not Done