

# HALT-C Trial

## Express Pre-treatment Blood Work

Form # 38 Version A: 06/15/2000

### SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Patient initials: \_\_ \_\_ \_\_

A3. Visit number: \_\_ \_\_ \_\_

A4. Date form completed: MM / DD / YYYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

A5. Initials of person completing form: \_\_ \_\_ \_\_

### SECTION B. COMPLETE BLOOD COUNT

#### When to complete Section B

Complete as many values as are available pre-treatment for this patient.

B1. WBC \_\_\_\_ . \_\_\_\_ x10<sup>3</sup>/mm<sup>3</sup>

B1a. Date of WBC blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

B2. Neutrophils \_\_\_\_ . \_\_\_\_ x10<sup>3</sup>/mm<sup>3</sup>

B2a. Date of neutrophils blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

B3. Hematocrit \_\_\_\_ . \_\_\_\_ %

B3a. Date of Hematocrit blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

B4. Hemoglobin \_\_\_\_ . \_\_\_\_ (g/dL)

B4a. Date of hemoglobin blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

B5. Platelets \_\_\_\_ . \_\_\_\_ x10<sup>3</sup>/mm<sup>3</sup>

B5a. Date of platelets blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### SECTION C: SERUM CHEMISTRIES

#### When to complete Section C

Complete as many values as are available pre-treatment for this patient.

C1. BUN \_\_\_\_ . \_\_\_\_ (mg/dL)

C1a. Date of BUN blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- C2. Creatinine \_\_\_\_\_ . \_\_\_\_\_ (mg/dL)  
C2a. Date of creatinine blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- C3. Glucose \_\_\_\_\_ (mg/dL)  
C3a. Date of glucose blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- C4. Triglycerides \_\_\_\_\_ (mg/dL)  
C4a. Date of triglycerides blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**SECTION D. LIVER CHEMISTRIES**

**When to complete Section D**

Complete as many values as are available pre-treatment for this patient.

- D1. AST (SGOT) \_\_\_\_\_ (U/L)  
a. Upper limit of normal (from lab report): \_\_\_\_\_ (U/L)  
b. Date of AST blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- D2. ALT (SGPT) \_\_\_\_\_ (U/L)  
a. Upper limit of normal (from lab report): \_\_\_\_\_ (U/L)  
b. Date of ALT blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- D3. Alkaline phosphatase \_\_\_\_\_ (U/L)  
a. Upper limit of normal (from lab report): \_\_\_\_\_ (U/L)  
b. Date of alkaline phosphatase blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- D4. Total bilirubin \_\_\_\_\_ . \_\_\_\_\_ (mg/dL)  
a. Date of total bilirubin blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- D5. Albumin \_\_\_\_\_ . \_\_\_\_\_ (g/dL)  
a. Date of albumin blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- D6. Globulin \_\_\_\_\_ . \_\_\_\_\_ (g/dL) **or** Total Protein \_\_\_\_\_ . \_\_\_\_\_ (g/dL)  
a. Date of globulin or total protein blood draw \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SECTION E. PROTHROMBIN TIME**

**When to complete Section E**  
Complete as many values as are available pre-treatment for this patient.

E1. Prothrombin Time \_\_\_\_\_ . \_\_\_\_\_ \_\_\_\_\_ (INR)

E1a. Date of prothrombin time blood draw: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_