



Laboratory Evaluation (Adult)

Patient ID ___ - ___ ID ___ - ___

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

Section I: LAB TESTS (performed locally only)

			Date of sample (If <i>different</i> from above) mm/dd/yy	Not Done	
1. White blood cells WBC	___	x10 ³ /mm ³	WBCM/D/WBCY	<input type="checkbox"/>	
2. Platelets PLAT	___	x10 ³ /mm ³	PLATM/D/Y	<input type="checkbox"/>	
3. ANC ANC	___	x10 ³ /mm ³	ANCM/D/Y	<input type="checkbox"/>	
4. Hemoglobin HGB	___	g/dL	HGBM/D/BY	<input type="checkbox"/>	
5. Hematocrit HTC	___	%	HTCM/D/Y	<input type="checkbox"/>	
6. ALT ALT	___	IU/L	ALTM/D/Y	<input type="checkbox"/>	ALT normal range:
7. AST AST	___	IU/L	ASTM/D/Y	<input type="checkbox"/>	ALTL-ALTU
8. Alkaline phosphatase ALKP	___	IU/L	ALKPM/D/Y	<input type="checkbox"/>	AST norm range:
9. Total bilirubin TBILI	___	mg/dL	TBILIM/D/Y	<input type="checkbox"/>	ASTL-ASTU
10. Direct bilirubin DBILI	___	mg/dL	DBILIM/D/Y	<input type="checkbox"/>	Alk Phos norm range:
11. Indirect bilirubin IBILI	___	mg/dL	IBILIM/D/Y	<input type="checkbox"/>	ALKPL-ALTU
12. Albumin ALB	___	g/dL	ALBM/D/Y	<input type="checkbox"/>	
13. Total protein TP	___	g/dL	TPM/D/Y	<input type="checkbox"/>	
14. Creatinine CREAT	___	mg/dL	CREATM/D/Y	<input type="checkbox"/>	
15. Creatinine clearance (MDRD method) CREATCL	___	mL/min	CREATCLM/D/Y	<input type="checkbox"/>	
16. Alpha-fetoprotein AFP	___	ng/mL	AFPM/D/Y	<input type="checkbox"/>	
17. INR INR	___		INRM/D/Y	<input type="checkbox"/>	
18. PT PT	___	seconds	PTM/D/Y	<input type="checkbox"/>	
19. Glucose GLU (Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No FASTYN)	___	mg/dL	GLUM/D/Y	<input type="checkbox"/>	
20. TSH TSH	___	mcU/mL	TSHM/D/Y	<input type="checkbox"/>	
21. Pregnancy test PGT	<input type="checkbox"/> Pos <input type="checkbox"/> Neg		PGTM/D/Y	<input type="checkbox"/>	
22. Urinalysis URNA	<input type="checkbox"/> CS <input type="checkbox"/> NCS		URNAM/D/Y	<input type="checkbox"/>	
23. HBsAg HBSAG	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HBSAGM/D/Y	<input type="checkbox"/>	
24. HBeAg HBEAG	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HBEAGM/D/Y	<input type="checkbox"/>	
25. Anti-HBs HBS	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HBSM/D/Y	<input type="checkbox"/>	
26. Anti-HBe HBE	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HBEM/D/Y	<input type="checkbox"/>	
27. Anti-HDV HDV	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HDVM/D/Y	<input type="checkbox"/>	
28. Anti-HCV HCV	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HCVM/D/Y	<input type="checkbox"/>	
29. Anti-HIV HIV	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HIVM/D/Y	<input type="checkbox"/>	
30. Anti-HBc IgM HBC	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Equiv		HBCM/D/Y	<input type="checkbox"/>	
31. HBV DNA level	___ BDNA ___	1 <input type="checkbox"/> IU/mL BUNIT	BDNAM/D/Y	<input type="checkbox"/>	
	LLD: BDNALL	2 <input type="checkbox"/> copies/mL			

Data collector initials: ___ **DCID** ___

Date data collection completed (mm/dd/yy): **DCM/DCD/DCY**