

Entered: __/__/20__	Initials: _____	Verified: __/__/20__	Initials: _____
For office use only.			

Local Laboratory Variables – Version 01/31/2006 FORMV

Patient ID _____ - _____ - _____ ID	Form Completion Date __/__/20__
Certification number: _____ CERT	LLDAT mm dd yy
	VISIT _____

		Blood Draw date	Not Done
Fasting Glucose	FPG (mg/dl)	FPGDAT	<input type="checkbox"/>
Hematocrit	HMTCRT %	HMTCRDAT	<input type="checkbox"/>
Total Bilirubin	TBILI (mg/dl)	TBILIDAT	<input type="checkbox"/>
ALT *	ALT (IU/L)	ALTDAT	<input type="checkbox"/>
AST *	AST (IU/L)	ASTDAT	<input type="checkbox"/>
Albumin	ALB (g/dl)	ALBDAT	<input type="checkbox"/>
Alkaline Phosphatase	ALK (IU/L)	ALKDAT	<input type="checkbox"/>
Platelet	PLAT (10 ³ /mm ³)	PLATDAT	<input type="checkbox"/>
Total White Cell Count	TWC (mm ³)	TWCDAT	<input type="checkbox"/>

- In addition to the baseline and yearly follow-ups, ALT and AST are collected at the 6-month follow-up visit. No other laboratory values will be collected at 6-months.