

A1. Site/Study ID #: _____ / _____ A2. Date of Exam: _____ / _____ / _____
 Month Day Year A3. Staff Initials: _____

A4. Follow-up visit (month): 1 2 3 6 OR Age: _____ mo/yr To DCC

SECTION B: LABORATORY EVALUATION

Test		Lab Value (use earliest value if repeated on same day)	Date MM/DD (initial result on date)	
Hepatic Function Panel				8. <input type="checkbox"/> ND
B1.	Total bilirubin	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B2.	Indirect bilirubin	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B3.	Direct bilirubin	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B4.	Unconjugated bilirubin	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B5.	Conjugated bilirubin	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B6.	AST	_____ U/L	____ / ____	8. <input type="checkbox"/> ND
B7.	ALT	_____ U/L	____ / ____	8. <input type="checkbox"/> ND
B8.	Alkaline phosphatase	_____ U/L	____ / ____	8. <input type="checkbox"/> ND
B9.	Albumin	____ . ____ g/dL	____ / ____	8. <input type="checkbox"/> ND
B10.	Total protein	_____ . ____ g/dl	____ / ____	8. <input type="checkbox"/> ND
B11.	GGTP	_____ U/L	____ / ____	8. <input type="checkbox"/> ND
B12.	Total serum bile acids	_____ . ____ μ mol/l OR _____ . ____ μ g/dl	____ / ____	8. <input type="checkbox"/> ND
Coagulation Panel				8. <input type="checkbox"/> ND
B13.	Prothrombin time (PT)	_____ . ____ sec	____ / ____	8. <input type="checkbox"/> ND
B14.	INR	____ . _____	____ / ____	8. <input type="checkbox"/> ND
B15.	Partial thromboplastin time (PTT)	_____ . ____ sec	____ / ____	8. <input type="checkbox"/> ND
Basic Metabolic Panel				8. <input type="checkbox"/> ND
B16.	Sodium (Na)	_____ mmol/l	____ / ____	8. <input type="checkbox"/> ND
B17.	Potassium (K)	____ . ____ meq/L	____ / ____	8. <input type="checkbox"/> ND
B18.	Chloride (Cl)	_____ mmol/l	____ / ____	8. <input type="checkbox"/> ND
B19.	Bicarbonate (CO ₂)	_____ mmol/l	____ / ____	8. <input type="checkbox"/> ND
B20.	Creatinine	_____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B21.	BUN	_____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B22.	Glucose	_____ mg/dl	____ / ____	8. <input type="checkbox"/> ND

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CBC With Differential			8. <input type="checkbox"/> ND
B23.	Hemoglobin (Hgb) _____ . ____ g/dl	____ / ____	8. <input type="checkbox"/> ND
B24.	Hematocrit (Hct): _____ . ____ %	____ / ____	8. <input type="checkbox"/> ND
B26.	WBC _____ . ____ 10 ³ /mm ³	____ / ____	8. <input type="checkbox"/> ND
B27.	_____ % Neutrophils		
B28.	_____ % Bands		
B29.	_____ % Lymphocytes		
B30.	_____ % Monocytes		
B31.	_____ % Eosinophils		
B32.	_____ % Basophils		
B33.	_____ % Blasts		
B34.	_____ % other specify below: _____		
B35.	Reticulocyte count _____ . ____ %		
B36.	Platelets _____ 10 ³ /mm ³	8. <input type="checkbox"/> ND	
Vitamin Levels			8. <input type="checkbox"/> ND
B37.	Vitamin A (Retinol) _____ µg/dl	____ / ____	8. <input type="checkbox"/> ND
B38.	Retinol binding protein (RBP) _____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B39.	Vitamin E (Alpha-tocopherol) _____ . ____ µg/ml	____ / ____	8. <input type="checkbox"/> ND
B40.	Total serum lipids _____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B41.	Vitamin D (D25OH) _____ . ____ ng/ml	____ / ____	8. <input type="checkbox"/> ND
B42.	1,25 OH ₂ Vitamin D _____ . ____ pg/ml	____ / ____	8. <input type="checkbox"/> ND
B42a	PIVKA-II _____ . ____ mcg/L	____ / ____	8. <input type="checkbox"/> ND
Miscellaneous			8. <input type="checkbox"/> ND
B43.	Calcium _____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B44.	Phosphorus _____ . ____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
B45.	Total cholesterol _____ mg/dl	____ / ____	8. <input type="checkbox"/> ND