

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

A4. 2 Week Follow-up Visit

To DCC

SECTION B: LABORATORY EVALUATION

TEST		LAB VALUE (use earliest value if repeated on same day)	DATE mm/dd	
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/dL	____ / ____	8. <input type="checkbox"/> ND
B9.	Albumin	____ . ____ g/L	____ / ____	8. <input type="checkbox"/> ND
B10.	Total protein	_____ . ____ 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
B17.	Potassium (K)	____ . ____ mmol/l	____ / ____	8. <input type="checkbox"/> ND
B22.	Glucose	_____ mg/dl	____ / ____	8. <input type="checkbox"/> ND
CBC				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
B36.	Platelets	_____ 10 ³ /mm ³	____ / ____	8. <input type="checkbox"/> ND