

Site Number: _____ Screening ID: _____ - ____ First 3 Letter of First Name: _____

Use this form to record the results of a subject's complete blood count with differential. In **Section A** indicate the date the blood sample was drawn as well as the visit number. Once the results of the test have been obtained, record the results in **Section B**.

Instructions: This sample will be analyzed at your local lab. Draw the blood sample in a 5-ml EDTA tube (or equivalent) according to the instructions provided by your local lab. Process the sample according to the instructions provided by your local lab.

A. COLLECTION INFORMATION

1. Indicate date blood was drawn: _____ / _____ / _____
 MM DD YYYY

2. For which visit, in the study sequence, is this form being completed? (*check one*)

- | | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 35 Week 6 | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 7 Month 2 | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 24 Month 19 | <input type="checkbox"/> 30 Month 27 |
| <input type="checkbox"/> 3 Week 1 | <input type="checkbox"/> 36 Week 10 | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 19 Month 14 | <input type="checkbox"/> 25 Month 20 | <input type="checkbox"/> 31 Month 30 |
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 26 Month 21 | <input type="checkbox"/> 32 Month 36 |
| <input type="checkbox"/> 5 Week 3 | <input type="checkbox"/> 9 Month 4 | <input type="checkbox"/> 15 Month 10 | <input type="checkbox"/> 21 Month 16 | <input type="checkbox"/> 27 Month 22 | <input type="checkbox"/> 33 Month 42 |
| <input type="checkbox"/> 6 Week 4 | <input type="checkbox"/> 10 Month 5 | <input type="checkbox"/> 16 Month 11 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 28 Month 23 | <input type="checkbox"/> 34 Month 48 |
| | | | | | <input type="checkbox"/> 99 Other |

3. If sample drawn at site other than primary study site, indicate Site Number for reimbursement: _____

NOTE: Site Number **must** correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician

B. TEST RESULTS

1. Indicate date test was run: _____ / _____ / _____
 MM DD YYYY

| Test | Result | a) Result Within Normal Range? | |
|-------------------------|--|--------------------------------|---|
| 2. Red Blood Cell Count | ____ . ____ 10 ⁶ cells/ μ l | Y | N |
| 3. Hemoglobin | ____ . ____ g/dL | Y | N |
| 4. Hematocrit | ____ . ____ % | Y | N |
| 5. MCV | ____ . ____ μ m ³ | Y | N |
| 6. Platelet count | ____ 10 ³ cells/ μ l | Y | N |
| 7. MCH | ____ . ____ pg | Y | N |
| 8. MCHC | ____ . ____ g/dL | Y | N |

| DIFFERENTIAL | | 1) Result Within Normal Range? | |
|---------------------------|--|--------------------------------|---|
| 9. White blood cell count | ____ . ____ 10 ³ cells/ μ l | Y | N |
| a. PMN leukocytes | ____ . ____ % | Y | N |
| b. Lymphocytes | ____ . ____ % | Y | N |
| c. Monocytes | ____ . ____ % | Y | N |
| d. Eosinophils | ____ . ____ % | Y | N |
| e. Basophils | ____ . ____ % | Y | N |

Initials (first, middle, last) of person completing this form: _____
 F M L

Date form completed: _____ / _____ / _____
 MM DD YYYY

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates.
 Write "*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*