Type 1 Diabetes TrialNet

Anti-CD20 Study
RESULTS TRANMITTAL FORM
CBC W/ DIFFERENTIAL

Form RIT99CB
15 MARCH 2006
Version 1.0
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Site Number: __ __ __ __   Screening ID: __ __ __ __ - __   Participant Letters: __ __ __

Use this form to record the results of a subject's complete blood cell count with differential. In Section A, record the date the blood sample was drawn as well as the study visit. 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 2-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

CBC Identification Number: # # # #

1. Date the blood sample was drawn *(e.g. 05/Sep/2005)*:

__ __ / __ __ __ / __ __ __ __
DAY   MONTH   YEAR

2. Study visit: *(check one)*

☐ 1 Screening	☐ 5 Week 3	☐ 16 Month 6	☐ 27 Month 18	☐ 31 Month 36
☐ 2 Baseline	☐ 6 Week 5	☐ 17 Month 9	☐ 28 Month 21	☐ 32 Month 42
☐ 3 Week 1	☐ 10 Week 10	☐ 18 Month 12	☐ 29 Month 24	☐ 33 Month 48
☐ 4 Week 2	☐ 11 Month 3	☐ 26 Month 15	☐ 30 Month 30	☐ 99 Other

If OTHER,
a. Specify: _____

B. TEST RESULTS

1. Date results reported by lab:

__ __ / __ __ __ / __ __ __ __
DAY   MONTH   YEAR

Test	Result	a. Result Within Normal Range?
2. Red Blood Cell Count	__ __ . __ __ 10^6 cells/µl	Y N
3. Hemoglobin	__ __ . __ __ g/dL	Y N
4. Hematocrit	__ __ . __ __ %	Y N
5. MCV	__ __ . __ __ µm^3	Y N
6. Platelet count	__ __ __ 10^3 cells/µl	Y N
7. MCH	__ __ . __ __ pg	Y N
8. MCHC	__ __ . __ __ g/dL	Y N

DIFFERENTIAL		1) Result Within Normal Range?
9. a. White blood cell count	__ __ . __ __ 10^3 cells/µl	Y N
b. PMN leukocytes	__ __ . __ __ %	Y N
c. Lymphocytes	__ __ . __ __ %	Y N
d. Monocytes	__ __ . __ __ %	Y N
e. Eosinophils	__ __ . __ __ %	Y N
f. Basophils	__ __ . __ __ %	Y N

If results are considered Grade 2 or greater, complete an Adverse Event Report Form (RIT13)

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

Date form completed: __ __ / __ __ __ / __ __ __ __
DAY   MONTH   YEAR

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).*