

Protocol # TN10 - Anti-CD3 Prevention

Participant ID:		Date of Registration:	
Local ID:		Letters:	
Status:			
Site:			

CBC with Differential Results

* These fields are required in order to SAVE the form

* These fields are required in order to COMPLETE the form

Date of Visit: * [] [] [] [] [] Date

Interviewer User ID: * []

A. COLLECTION INFORMATION

1. Date the blood sample was drawn:* [] [] [] [] [] []

Time of Collection [] : [] (24 hour clock)

B. TEST RESULTS

2. Date results reported by lab:* [] [] [] [] [] []

Unknown

Time Results Processed by Lab [] : [] (24 hour clock)

Test	Result	Result Within Normal Range?*	If Abnormal, Clinically Significant?*
3. Red Blood Cell Count*	[] 10 ⁶ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Hemoglobin *	[] g/dL	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Hematocrit*	[] %	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. MCV*	[] μ m ³	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Platelet count*	[] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. MCH*	[] pg	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. MCHC*	[] g/dL	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

DIFFERENTIAL

		Result Within Normal Range?*	If Abnormal, Clinically Significant?*
10. a. White blood cell count*	[] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Neutrophils*	[] % OR [] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Lymphocytes*	[] % OR [] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Monocytes*	[] % OR [] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Eosinophils*	[] % OR [] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Basophils*	[] % OR [] 10 ³ cells/ μ L	<input type="checkbox"/> Not Done <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No