

Site Number:
Date of Visit:
Person Completing Form:

Participant 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. 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

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

___/___/___
DAY MONTH YEAR

B. TEST RESULTS

1. Date results reported by lab:

___/___/___
DAY MONTH YEAR

Test	Result	Result Within Normal Range?	If abnormal, clinically significant?
2. Red Blood Cell Count	___ . ___ 10 ⁶ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Hemoglobin	___ . ___ g/dL	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Hematocrit	___ . ___ %	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. MCV	___ . ___ μm ³	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Platelet count	___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. MCH	___ . ___ pg	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. MCHC	___ . ___ g/dL	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
DIFFERENTIAL			
9. a. White blood cell count	___ . ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. PMN leukocytes	___ . ___ %OR ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Lymphocytes	___ . ___ %OR ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Monocytes	___ . ___ %OR ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Eosinophils	___ . ___ %OR ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Basophils	___ . ___ %OR ___ 10 ³ cells/μl	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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