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Infusion Period Local Lab Results

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. COLLECTION INFORMATION

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

B. TEST RESULTS

CHEM Tests		Result Within Normal Range?	If Abnormal, Clinically Significant?
2. Sodium (Na)	___ ___ ___ mmol/L	O Yes O No	O Yes O No
3. Potassium (K)	___ . ___ mmol/L	O Yes O No	O Yes O No
4. Chloride (Cl)	___ ___ ___ mmol/L	O Yes O No	O Yes O No
5. Bicarbonate (CO_2)	___ ___ mmol/L	O Yes O No	O Yes O No
6. Creatinine	___ ___ . ___ mg/dL	O Yes O No	O Yes O No
7. BUN/Urea	___ ___ ___ mg/dL	O Yes O No	O Yes O No
8. Glucose	___ ___ ___ mg/dL	O Yes O No	O Yes O No

Liver Function Tests		Result Within Normal Range?	If Abnormal, Clinically Significant?
9. Total bilirubin	___ ___ . ___ mg/dL	O Yes O No	O Yes O No
10. Direct bilirubin	___ ___ . ___ mg/dL	O Yes O No	O Yes O No
11. AST	___ ___ ___ ___ U/L	O Yes O No	O Yes O No
12. ALT	___ ___ ___ ___ U/L	O Yes O No	O Yes O No
13. Alkaline phosphatase	___ ___ ___ ___ U/L	O Yes O No	O Yes O No
14. LDH	___ ___ ___ ___ U/L	O Yes O No	O Yes O No
15. Total Protein	___ ___ ___ ___ U/L	O Yes O No	O Yes O No
16. Albumin	__ __ . __ __ g/dL	O Yes O No	O Yes O No
17. GGT	___ ___ ___ ___ U/L	O Yes O No	O Yes O No

Hematology Tests		Result Within Normal Range?	If Abnormal, Clinically Significant?
17. Hemoglobin	__ __ . __ __ g/dL	O Yes O No	O Yes O No
18. Hematocrit	__ __ . __ __ %	O Yes O No	O Yes O No
19. Platelet Count	__ __ __ 10^3 cells/µl	O Yes O No	O Yes O No
20. a. White blood cell count	__ __ . __ __ g/dL	O Yes O No	O Yes O No
b. PMN leukocytes	__ __ . __ __ % OR ____10^3 cells/µl	O Yes O No	O Yes O No
c. Lymphocytes	__ __ . __ __ % OR ____10^3 cells/µl	O Yes O No	O Yes O No
d. Monocytes	__ __ . __ __ % OR ____10^3 cells/µl	O Yes O No	O Yes O No
e. Eosinophils	__ __ . __ __ % OR ____10^3 cells/µl	O Yes O No	O Yes O No
f. Basophils	__ __ . __ __ % OR ____10^3 cells/µl	O Yes O No	O Yes O No
21. INR	_____	O Yes O No	O Yes O No

DRAFT