

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY – AUTOMATED CBC/DIFFERENTIAL
FORM L03**

ID LABEL
HERE --->

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FORM COMPLETED BY: _____ VERSION DATE:
10/01/00

WIHS STUDY VISIT #: _____

WIHS Core Visit..... 1
3 Month VRS Visit 2

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

PROMPT: FOR HIV-NEGATIVE WOMEN, COMPLETE THIS FORM ONLY AT EVEN-NUMBERED VISITS.

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
 No, Sample Inadequate..... 2 (END)
 No, Other Reason 3
 _____ (END)
 (SPECIFY)

CBC:

A2. DATE SAMPLE DRAWN:

___ M ___ / ___ D ___ / ___ Y ___

- | | |
|---|--|
| a. HGB _ _ . _ (GM/DL) | d. Platelet CT _ _ _ (K,cummm,mm ³ , or 10 ³ /ul) |
| b. HCT _ _ . _ (%) | e. WBC (total) _ _ . _ _ (10 ³ ,10 ³ /ul, cummm,or mm ³) |
| c. MCV _ _ _ . _ (F1, um ³ , cummm or mm ³) | |

AUTOMATED DIFFERENTIAL COUNT:

A3. TYPE OF AUTOMATED COUNT:

- 3-PART.....1 (COMPLETE A3a,b,c,f)
 5-PART.....2 (COMPLETE A3a,b,c,d,e,f)
 Automated results not reported
 and/or flagged as unreliable.....3 (COMPLETE FORM L3A)

WIHS ID#

VISIT #

a. Lymphocytes:

- Item not listed on lab report.....1 (A3b)
- Item listed with no value.....2 (A3b)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³)

b. Polymorphs/Granulocytes/Neuts/Segs:

- Item not listed on lab report.....1 (A3c)
- Item listed with no value.....2 (A3c)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³)

c. Monocytes:

- Item not listed on lab report.....1 (A3d)
- Item listed with no value.....2 (A3d)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³)

d. Eosinophils:

- Item not listed on lab report.....1 (A3e)
- Item listed with no value.....2 (A3e)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³)

e. Basophils:

- Item not listed on lab report.....1 (A3f)
- Item listed with no value.....2 (A3f)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³)

f. LUC's (large undifferentiated or unidentified cells):

- Item not listed on lab report.....1 (END)
- Item listed with no value.....2 (END)
- Item listed with value.....3 (SPECIFY BELOW)

_____.____ (%) and/or _____ (per mm³) (END)