

WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - LIVER AND RENAL FUNCTION TESTS
PARTIAL CHEMISTRIES
FORM L5

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: **10/01/09**

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

A1. ARE TEST RESULTS AVAILABLE?

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

_____ **(END)**
(SPECIFY)

A2. DATE SAMPLE DRAWN: ___ M ___ / ___ D ___ / ___ Y ___

- | | | | |
|----|---------------------------|-----------------|------------------------|
| a. | SGOT (AST) | _ _ _ _ _ | (IU/L or U/L or MU/ML) |
| | i. *Upper Limit of normal | _ _ _ _ _ | (IU/L or U/L or MU/ML) |
| b. | SGPT (ALT) | _ _ _ _ _ | (IU/L or U/L or MU/ML) |
| | i. *Upper Limit of normal | _ _ _ _ _ | (IU/L or U/L or MU/ML) |
| c. | ALK. PHOS. | _ _ _ _ _ | (IU/L or U/L) |
| d. | Albumin | _ _ _ . _ _ _ | (gm/dL) |
| e. | BUN | _ _ _ _ | (mg/dL) |
| f. | Creatinine | _ _ _ . _ _ _ | (mg/dL) |
| g. | Bilirubin (total) | _ _ _ . _ _ _ | (mg/dL) |
| h. | GGT | _ _ _ _ _ | (U/L) |
| i. | Calcium (total) | _ _ _ . _ | (mg/dL) |
| j. | Phosphate (if available) | _ . _ | (mg/dL) |

*The upper limits of normal for AST and ALT are based on the original reports from the laboratory.