

LABORATORY - AUTOMATED CBC/ DIFFERENTIAL

FORM L3

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

___ ___ ___ ___ ___

VERSION DATE 08/15/94

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,cumm,mm ³ , or 10 ³ /ul) |
| b. HCT | □□□.□□ | (%) | e. WBC (total) | □□□.□□□□ | (10 ³ ,10 ⁵ /ul, cumm,or mm ³) |
| c. MCV | □□□□.□□ | (f1, um ³ , cumm 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)