

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      _ _ _      (K,cumm,mm <sup>3</sup> , CT                             or 10 <sup>3</sup> /ul)
b. HCT      _ _ .  _      (%)	e. WBC      _ _ .  _ _      (10 <sup>3</sup> ,10 <sup>3</sup> /ul, (total)                             cumm,or mm <sup>3</sup> )
c. MCV      _ _ _ .  _      (F1, um <sup>3</sup> , cumm or mm <sup>3</sup> )	

**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 mm<sup>3</sup>)

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 mm<sup>3</sup>)

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 mm<sup>3</sup>)

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 mm<sup>3</sup>)

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 mm<sup>3</sup>)

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 mm<sup>3</sup>) (END)