

WOMEN'S INTERAGENCY HIV STUDY
LABORATORY – HAND/MANUAL DIFFERENTIAL
FORM L03a

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.

HAND/MANUAL COUNT REQUIRED ONLY IF AUTOMATED DIFFERENTIAL COUNT WAS NOT DONE OR REJECTED/FLAGGED BY THE MACHINE.

A1. DONE 1 (A2)
 NOT DONE 2

(END)

 (SPECIFY REASON)

A2. DATE SAMPLE DRAWN:

____ / ____ / ____
 M D Y

A3. **HAND /MANUAL DIFFERENTIAL COUNT**

a. Polymorphs/Granulocytes/Neuts/Segs:

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

____ (%)

b. Bands/Stabs:

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

____ (%)

c. Lymphocytes:

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

____ (%)

d. Monocytes:

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

____ (%)

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e. Eosinophils:

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

___|___ (%)

f. Basophils:

Item not listed on lab report.....1 (A3g)
 Item listed with no value.....2 (A3g)
 Item listed with value.....3 (SPECIFY BELOW)

___|___ (%)

g. Atypical Lymphocytes:

Item not listed on lab report.....1 (A3h)
 Item listed with no value.....2 (A3h)
 Item listed with value.....3 (SPECIFY BELOW)

___|___ (%)

h. Metamyelocytes:

Item not listed on lab report.....1 (A3i)
 Item listed with no value.....2 (A3i)
 Item listed with value.....3 (SPECIFY BELOW)

___|___ (%)

i. Myelocytes:

Item not listed on lab report.....1 (A3j)
 Item listed with no value.....2 (A3j)
 Item listed with value.....3 (SPECIFY BELOW)

___|___ (%)

j. Promyelocytes:

Item not listed on lab report.....1 (A3k)
 Item listed with no value.....2 (A3k)
 Item listed with value.....3 (SPECIFY BELOW)

___|___ (%)

k. Blasts:

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

___|___ (%)