

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

ID LABEL  
 HERE --->

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FORM COMPLETED BY: \_\_\_\_\_ VERSION DATE:  
**10/01/06**

WIHS STUDY VISIT #: \_\_\_\_\_

**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 \_\_\_

- |  |  |
|--|--|
| <p>a. HGB       _ _  .  _       (GM/DL)</p> <p>b. HCT       _ _  .  _       (%)</p> <p>c. MCV       _ _ _  .  _       (fL, <math>\mu\text{m}^3</math>,<br/>cumm or <math>\text{mm}^3</math>)</p> | <p>d. Platelet<br/>CT       _ _ _ _       (K,cumm,<math>\text{mm}^3</math>,<br/>or <math>10^3/\text{ul}</math>)</p> <p>e. WBC<br/>(total)       _ _  .  _ _       (<math>10^3</math>, cumm)</p> <p>f. RBC<br/>(total)       _ _  .  _ _       (<math>10^{12}/\text{L}</math>, Million<br/>cells /Microliter)</p> |
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**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)