

**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.

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 (8-17) __ __ . __ (GM/DL)</p> <p>b. HCT (24-51) __ __ . __ (%)</p> <p>c. MCV (59-128) __ __ __ . __ (fL, μm^3, cumm or mm^3)</p> | <p>d. Platelet CT (2-478) __ __ __ (K,cumm,mm^3, or $10^3/\text{ul}$)</p> <p>e. WBC (total) (2-12) __ __ . __ __ (10^3, cumm)</p> <p>f. RBC (total) (2-8) __ __ . __ __ ($10\text{E}12/\text{L}$, Million cells /Microliter)</p> |
|---|---|

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 L03A)**
 Not done / not tested 4 **(END FORM; DO NOT COMPLETE L03A)**

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)
 (2-70) (50-4200)

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)
 (15-91) (500-8083)

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)
 (2-17) (20-1005)

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)
 (0-11) (5-554)

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)
 (0-3) (2-175)

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)
 (0-8) (75-428)

DURING DATA ENTRY, OUT-OF-RANGE LAB VALUES SHOULD BE CONFIRMED USING THE CLINICAL REPORT/ORIGINAL DATA SOURCE UNLESS CONFIRMED ON THE L03 THAT THE RESULT IS ABNORMAL.