

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

ID LABEL
 HERE --->

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FORM COMPLETED BY: _____ VERSION DATE:
10/01/04

WIHS STUDY VISIT #: _____

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 report1 (A3b)
 Item listed with no value.....2 (A3b)
 Item listed with value.....3 (SPECIFY BELOW)

|_|_| (%) (6-97)

b. Bands/Stabs:

Item not listed on lab report1 (A3c)
 Item listed with no value.....2 (A3c)
 Item listed with value.....3 (SPECIFY BELOW)

|_|_| (%) (0-22)

c. Lymphocytes:

Item not listed on lab report1 (A3d)
 Item listed with no value.....2 (A3d)
 Item listed with value.....3 (SPECIFY BELOW)

|_|_| (%) (1-77)

d. Monocytes:

Item not listed on lab report1 (A3e)
 Item listed with no value.....2 (A3e)
 Item listed with value.....3 (SPECIFY BELOW)

|_|_| (%) (1-21)

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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)

|_|_| (%) (0-16)

f. Basophils:

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

|_|_| (%) (0-3)

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)

|_|_| (%) (0-13)

h. Metamyelocytes:

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

|_|_| (%) (0-5)

i. Myelocytes:

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

|_|_| (%) (0-3)

j. Promyelocytes:

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

|_|_| (%) (0-2)

k. Blasts:

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

|_|_| (%) (0-6)

DURING DATA ENTRY, OUT-OF-RANGE LAB VALUES SHOULD BE CONFIRMED USING THE CLINICAL REPORT/ORIGINAL DATA SOURCE UNLESS CONFIRMED ON THE L03a THAT THE RESULT IS ABNORMAL.