

LABORATORY - AUTOMATED CBC/ DIFFERENTIAL

FORM L3

ID LABEL
HERE --->

□□ - □□□ - □□□□□□ - □□

VISIT #:

FORM COMPLETED BY:

____ _

VERSION DATE 08/15/94

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

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
CT | □□□□□ | (K,cumm,mm ³ ,
or 10 ³ /ul) |
| b. HCT | □□□ . □□ | (%) | e. WBC
(total) | □□□ . □□□ | (10 ³ ,10 ³ /ul,
cumm,or mm ³) |
| c. MCV | □□□□ . □□ | (f1, um ³ ,
cumm or mm ³) | | | |

AUTOMATED DIFFERENTIAL COUNT:

A3. TYPE OF AUTOMATED COUNT:

- 3-PART1 (COMPLETE A3a,b,c,f)
- 5-PART2 (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 mm³)

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)

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)

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)

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)

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)