



L-PVDOMICS STUDY

Center CBC w Diff Results Form #600

Instructions: This form is used to capture CBC with WBC differential lab results completed at the local center for **All Levels of participation**. Report only those tests completed on the same day. Only 1 set of results is expected. This form allows CBC and WBC differential to be on two dates. The database will allow entry of results even if some results may be missing.

Note: Lab draw date should be:

1) At least 6 months past the enrollment date of the PVDOMICS (parent) Study

2) No more than 3 months prior to or after Form 500 L-PVDOMICS Study enrollment date

Exception: Collect all data after the parent study up until the heart/lung transplant or death if the event occurred within 6 months after the parent study enrollment. Send completed F600 to the DCC for data entry.

3) If multiple CBC with diff results, use the one closest to the Form 500 L-PVDOMICS Study enrollment date.

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1. Identification Number

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2a. Alphacode

2b. Was CBC with diff available within the parameters described above?
(0=No, 1=Yes. Note: If yes, at least one result must be entered before form can be saved in database)

CBC Results

3. Date blood drawn for CBC (mm/dd/yyyy) / /
4. Total WBC (K/ul)
5. Red Blood Cell Count (RBC) (M/ul)..... .
6. Red Cell Distribution Width (RDW) (%)
7. Hemoglobin (g/dL)
8. Hematocrit (%)..... .
9. Platelet count (K/ul).....
10. Mean Platelet Volume (MPV) (fL)..... .
11. Mean Corpuscular Volume (MCV) (fL)

Note: Database will calculate 12, 13, 16b, 17b, 18b 19b and 20b automatically. Write the values in the greyed out boxes on this paper form.

12. Mean Corpuscular Hemoglobin (MCH) (pg)

13. Mean Corpuscular Hemoglobin Concentration (MCHC) (g/dL)

WBC Differential

14. Date blood drawn for WBC diff (mm/dd/yyyy) ____/____/____
15. How was WBC differential analyzed? (1=Machine, 2=Manual [Staff review], 9=Unknown) ____
16. a. Absolute Neutrophils (ANC) (K/uL) ____.
- b. Neutrophils (%) ____.
17. a. Absolute Lymphocytes (K/uL) ____.
- b. Lymphocytes (%) ____.
18. a. Absolute Monocytes (K/ μ L) ____.
- b. Monocytes (%) ____.
19. a. Absolute Basophils (K/ μ L) ____.
- b. Basophils (%) ____.
20. a. Absolute Eosinophils (K/ μ L) ____.
- b. Eosinophils (%) ____.
200. Date form completed (mm/dd/yyyy) ____/____/____
201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date form entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____