



COOPERATIVE STUDY OF SICKLE CELL DISEASE
ADULT LABORATORY TEST RESULTS - EXIT

-
1. Person completing form (Name): _____ (Initials) |_|_|_|_|
2. CSSCD Code number of person completing form (if known): |_|_|_|_|
3. Date form completed (Month, Day, Year): ____/____/____
-
4. Has the patient received any transfusions within the past 4 months? 1.No 2.Yes
-

TEST RESULTS: Record values for all tests completed.

5. Date of sample (Month, Day, Year): ____/____/____

6. **CBC TEST**

- A. White cell count ($\times 10^9/l$ uncorrected): |_|_|_|. |_|_|
B. Red cell count ($\times 10^{12}/l$): |_|_|. |_|_|_|
C. Hemoglobin (g/dl) |_|_|. |_|_|
D. Hematocrit (%): |_|_|. |_|_|
E. Mean Cell Volume (fl): |_|_|_|
F. Mean Cell Hemoglobin (pg): |_|_|. |_|_|
G. MCHC (g/dl): |_|_|. |_|_|

7. **PLATELETS** ($\times 10^9/l$): |_|_|_|_|_|

THIS SECTION NOT REQUIRED FOR ADULT EXIT VISIT -- OPTIONAL

9. Date of sample (Month, Day, Year): ____/____/____
10. **HbF (%)** |_|_|. |_|_|
-

11. Date of serum chemistries (Month, Day, Year): ___/___/___

12. Serum chemistries

A. Alkaline Phosphatase (units/l):	_ _ _ _
B. AST (SGOT) (units/l):	_ _ _ _
C. ALT (SGPT) (units/l):	_ _ _ _
D. Total Bilirubin (mg/dl):	_ _ _ _
E. Direct Bilirubin (mg/dl):	_ _ _ _
F. BUN (mg/dl)	_ _ _
G. Creatinine (mg/dl)	_ _ _ _
H. Uric Acid (mg/dl)	_ _ _ _

13. Date of urine sample: ___/___/___

14. Urine Tests (Required at Entry and Exit) - ATTACH INSTITUTIONAL REPORT

DO NOT FILL IN THIS SECTION	
A. Creatinine Clearance (ml/min):	_ _ _
B. 24 Hour Urine Protein (mg/day):	_ _ _ _
C. Urine Creatinine (mg/dl)	_ _ _ _
D. Urine volume (ml)	_ _ _ _
E. Collection Time (min)	_ _ _ _
F. Urine protein (mg/dl)	_ _ _ _
G. Creatinine #2 (mg/dl) *	_ _ _ _
* required only if date of urine sample is not within 30 days of the date of the serum chemistries.	

Name of Data Coordinator: _____

Signature: _____

Date (Month, Day, Year): ___/___/___

OFFICE USE ONLY:	** Institutional Report received 1.NO 2.YES **
------------------	--