

**MSH Patients' Follow Up - Extension I
Form 49 - Local Laboratory Report**

Instructions

1. The date the sample was drawn should be recorded in the Identifying Information box. If make-up samples are drawn within a month of the rest of the laboratory samples for the Annual Visit, those results may be reported on the same Annual Visit Form 49.

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Patient Name										
Room No.										
Local Laboratory Results										
Admission Date										
Discharge Date										
Admission Unit										
Discharge Unit										
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Admission Unit										
Discharge Unit										

Hematology

- Hemoglobin HGB _____ g/dL
- Packed cell volume PCV _____ %
- Mean corpuscular volume MCV _____ fL
- White blood cell count WBC _____ K/cu mm
- Mean corpuscular hemoglobin MCH _____ pg/cell
- Mean corpuscular hemoglobin concentration MCHC _____ g/L
- Red blood cell count RBC _____ M/cu mm
- Platelet count PLATELET _____ K/cu mm
- Reticulocyte count RETIC-CT _____ K/cu mm
- RBC distribution width RDW _____ %
- Red cell abnormalities of myelodysplastic syndrome RBC-MYEL Yes (1)
No (2)
Not recorded (3)

Differential:

- Lymphocytes LYMPHS _____ %
- Neutrophils NEUTS _____ %
(Bands + Polymorphonucleocytes)
- Monocytes MONOS _____ %
- Basophils BASOS _____ %
- Eosinophils EOS _____ %
- Other D-DIFF _____ %

Routine Biochemistry

- Urea nitrogen UREA-NIT _____ mg/dL
- Alanine aminotransferase ALT _____ IU/L
- Aspartate aminotransferase AST _____ IU/L
- Uric acid URIC-A _____ mg/dL
- Creatinine CREAT _____ mg/dL
- Glucose GLUCOSE _____ mg/dL

- Ferritin FERRITIN _____ mg/dL
- Calcium CALCIUM _____ mg/dL
- Phosphate PHOSPH _____ mg/dL
- Bilirubin (total) TOT-BILI _____ mg/dL
- Bilirubin (direct) DIR-BILI _____ mg/dL
- Albumin ALBUMIN _____ g/dL
- Total protein TOT-PROT _____ g/dL
- Alkaline phosphatase ALK-PHOS _____ IU/L

Urinalysis

- Red cells present URI-RBC
Normal dipstick, normal chemistry, or < 3/high-power field (1)
3-20/ high-power field (2)
≥20/ high-power field (3)
- White cells URI-WBC
Normal dipstick, normal chemistry, or < 3/high-power field (1)
3-20/ high-power field (2)
≥20/ high-power field (3)

34. Name and city of laboratory (write-in legibly):

LAB-NAME