ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
LABORATORY RESULTS - NORMAL RANGES

Form Completion Instructions:

This form must be completed by Clinical Center personnel prior to patient enrollment in the Registry.

Each time normal ranges at the Clinical Center change for any of the listed variables, the form should be submitted to the Clinical Coordinating Center as soon as possible after the new ranges have gone into effect. Each new form should only include those ranges which have changed. There is no need to repeat normal ranges for these variables whose ranges have not changed.

ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
Laboratory Results - Normal Ranges

This form should be completed and submitted to the Clinical Coordinating Center prior to the start of patient enrollment and whenever any of these normal ranges change at the Clinical Center.

Date form completed:..... ___ ___/ ___ ___/ ___
month day

Date these normal ranges went into effect: ..... ___ ___/
mon

Clinical Center Name:_____

COMPLETE BLOOD COUNT

	UNITS OF MEASUR	NORMAL RANGES LOW	HIGH
1. White Blood Count:	_____	-.___	___ ___ ___.___
2. Hemoglobin:		_ ___.___	___ ___.___
3. Hematocrit:.....		___ ___.___	___ ___.___

SERUM C

	OF MEASURE	NORMAL RANGES LOW	HIGH
.....	_____	___ ___.___	___ ___.___
ogen:	_____	___ ___ ___	___ ___ ___
.....	_____	___ ___ ___ ___	___ ___ ___ ___
GOT (AST):.....	_____	___ ___ ___ ___	___ ___ ___ ___
8. Alkaline Phosphatase:	_____	___ ___ ___ ___	___ ___ ___ ___
9. Total Bilirubin:.....	_____	___ ___.___	___ ___.___

ARTERIAL BLOOD GASES

	UNITS OF MEASURE	NORMAL RANGES LOW	HIGH
10. PaO_2:	_____	___ ___ ___	___ ___ ___
11. $PaCO_2$:	_____	___ ___	___ ___
12. pH: _____.	___.___ ___	___.___ ___	
13. HCO_3 (measured):	_____	___.___ ___	___.___ ___
14. Carboxyhemoglobin:	_____	___ ___.___	___ ___.___
15. SaO_2:	_____	___ ___ ___	___ ___ ___

Comments: _____

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

PWO 1881

Clinical Center: ___ ___

Date Form Completed: ___ ___/ ___ ___/ ___ ___
month day year

_____

_____

_____

Form Completed By (Name):_____

Physician Signature: _____

White/Yellow: Clinical Coordinating Center, Pink: Clinical Center

Notes on Coding:

Variable Name = Sex:

Codes used: 1 = Male
2 = Female
3 = Unspecified

Variable Name = F16Q01A - F16Q15A = Units of Measure for:

WBC, Creatinine, BUN, SGPT, SGOT (AST), Alkaline Phosphatase, Total Bilirubin, PAO_2, $PaCO_2$, PH, HCO_3 (measured), Carboxyhemoglobin, SaO_2

Codes used: 1 = %
2 = $x10^3mm^3$
3 = g/dl
4 = mg/dl
5 = IU/L
6 = mEq/L
7 = mmHg
8 = $\#/mm^3$
9 = U/L
10 = K/mm^2
11 = MMOL/L
12 = K/Cmm^3
13 = $Thou/mm^3$
14 = $x10^3/mcL$
15 = $1000/mm^3$
16 = u/ML
17 = Mu/ML
18 = $x10^3$
19 = K/UL
20 = torr
21 = 10^3/ML
22 = K/mm^3
23 = IU