

**MHCS-II Laboratory Data Form** (Form 53)

**SUBJECT ID LABEL**

*If any lab test was not performed, please write NA next to the test item.*

<b>Complete Blood Count</b>		<b>Date of Most Recent:</b>  __   __   __   __   __   __			
		Month	Day	Year	
1.	WBC	__   __  .  __	10 <sup>3</sup> /MM <sup>3</sup> (= 10 <sup>9</sup> /L)		
2.	Hemoglobin	__   __  .  __	G/DL		
3.	Hematocrit	__   __	%		
4.	Lymphocytes	__   __	%		
5.	Neutrophils (Segs plus Bands)	__   __	%		
6.	Platelet Count	__   __   __	10 <sup>3</sup> /MM <sup>3</sup> (= 10 <sup>9</sup> /L)		

<b>Serum Chemistry</b>		<b>Date of Most Recent:</b>  __   __   __   __   __   __				
		Month	Day	Year		
7.	ALT (SGPT)	__   __   __   __	U/L	<b>OR</b>	__   __  .  __   __	FKAT/L
8.	AST (SGOT)	__   __   __   __	U/L	<b>OR</b>	__   __  .  __   __	FKAT/L
9.	Alkaline Phosphatase	__   __   __   __	U/L	<b>OR</b>	__   __  .  __   __	FKAT/L
10.	Total Bilirubin	__   __  .  __	MG/DL	<b>OR</b>	__   __   __   __  .  __	FMOL/L
11.	Direct Bilirubin (conjugated)	__   __  .  __	MG/DL	<b>OR</b>	__   __   __   __  .  __	FMOL/L
12.	Indirect Bilirubin (unconjugated)	__   __  .  __	MG/DL	<b>OR</b>	__   __   __   __  .  __	FMOL/L
13.	Serum Creatinine	__   __  .  __	MG/DL	<b>OR</b>	__   __   __	FMOL/L
14.	Cholesterol	__   __   __	MG/DL	<b>OR</b>	__  .  __	MMOL/L
15.	BUN	__   __   __	MG/DL	<b>OR</b>	__  .  __	MMOL/L
16.	Albumin	__  .  __	G/DL			
17.	Globulin	__  .  __	G/DL			
18.	Prothrombin Time					
	Patient Value	__   __  .  __	SECONDS			
	Control Value	__   __  .  __	SECONDS			
19.	INR	_____	RATIO VALUE			

**Iron (Fe) Level**Date of Most Recent: |\_\_|\_|\_| |\_\_|\_|\_| |\_\_|\_|\_|\_|\_|\_|  
Month Day Year

20. Serum Iron |\_\_|\_|\_|\_| FG/DL **OR** |\_\_|\_|\_| . |\_\_|\_| FMOL/L
21. Total Iron-Binding Capacity |\_\_|\_|\_|\_| FG/DL **OR** |\_\_|\_|\_| . |\_\_|\_| FMOL/L
22. Serum Ferritin |\_\_|\_|\_|\_| NG/ML **OR** |\_\_|\_|\_|\_| FG/L

**Inhibitor Level**Date of Most Recent: |\_\_|\_|\_| |\_\_|\_|\_| |\_\_|\_|\_|\_|\_|\_|  
Month Day Year

23. Inhibitor Titer |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| BETHESDA UNITS

**Right Upper Quadrant Ultrasound**

24. Within the past 12 months, has the patient had a Right Upper Quadrant Ultrasound (RUQ)?

\_\_\_ Yes **CONTINUE BELOW**  
\_\_\_ No **STOP - FORM IS COMPLETE**

25. **Date of most recent ultrasound** |\_\_|\_|\_| |\_\_|\_|\_| |\_\_|\_|\_|\_|\_|\_|  
Month Day Year

25a. Liver Size " Normal  
" Enlarged

25b. Liver Echogenicity " Homogeneous  
" Non-Homogeneous / Heterogeneous

25c. Liver Mass " None  
" Suspected mass → Specify maximum diameter: \_\_\_\_\_ CM.  
" Definite mass → Specify maximum diameter: \_\_\_\_\_ CM.  
" Suspected abscess → Specify maximum diameter: \_\_\_\_\_ CM.  
" Other → Specify: \_\_\_\_\_

25d. Spleen Size " Normal  
" Enlarged  
" No Spleen

25e. Spleen Abnormality " None  
" Any → Specify: \_\_\_\_\_

25f. Ascites " None  
" Easily Controlled  
" Poorly Controlled

25g. Portal Vein Thrombosis " None  
" With Esophageal Varices and/or Bleeding  
" Without Esophageal Varices and/or Bleeding