

Report laboratory test results from the blood drawn during study visit. If testing was not done on blood drawn during study visit, enter the most recent test results available; however, DO NOT report results that are more than 12 months old. If no suitable result for a test, write NA next to the item.

Complete Blood Count			Date of Most Recent:		
1.	WBC	_____.____ 10 ³ /MM ³ (= 10 ⁹ /L = K /uL)	____	____	____
2.	Hemoglobin	_____.____ G/DL	Month	Day	Year
3.	Hematocrit	_____.____ %			
4.	Lymphocytes	_____.____ %			
5.	Neutrophils	_____.____ %			
6.	Platelet Count	_____.____ 10 ³ /MM ³ (= 10 ⁹ /L)			

Serum Chemistry			Date of Most Recent:		
			____	____	____
			Month	Day	Year
7.	ALT (SGPT)	_____.____ U/L OR _____.____ μKAT/L			
8.	AST (SGOT)	_____.____ U/L OR _____.____ μKAT/L			
9.	Alkaline Phosphatase	_____.____ U/L OR _____.____ μKAT/L			
10.	Total Bilirubin	_____.____ MG/DL OR _____.____ μMOL/L			
11.	Direct Bilirubin (conjugated)	_____.____ MG/DL OR _____.____ μMOL/L			
12.	Indirect Bilirubin (unconjugated)	_____.____ MG/DL OR _____.____ μMOL/L			
13.	Serum Creatinine	_____.____ MG/DL OR _____.____ μMOL/L			
14.	BUN	_____.____ MG/DL OR _____.____ MMOL/L			
15.	Albumin	_____.____ G/DL			
16.	Globulin	_____.____ G/DL			
17.	Prothrombin Time (Not PTT)		Date of Most Recent:		
	Patient Value	_____.____ SECONDS	____	____	____
	Control Value	_____.____ SECONDS	Month	Day	Year
	INR	_____.____ RATIO VALUE			
			Date of Most Recent:		
			____	____	____
			Month	Day	Year
18.	Cholesterol	_____.____ MG/DL OR _____.____ MMOL/L			

HIV/AIDS Status		Date of Most Recent:			
			____	____	____
			Month	Day	Year
19.	CD4 values	_____.____ % AND _____.____ 10 ⁶ /L			
20.	CD8 values	_____.____ % AND _____.____ 10 ⁶ /L			

Iron (Fe) LevelDate of Most Recent: |__| |__| |__| |__| |__| |__|
Month Day Year

21. Serum Iron |__| |__| |__| |__| μG/DL **OR** |__| |__| |__| μMOL/L
22. Total Iron-Binding Capacity |__| |__| |__| |__| μG/DL **OR** |__| |__| |__| |__| μMOL/L
23. Serum Ferritin |__| |__| |__| |__| |__| NG/ML **OR** |__| |__| |__| |__| μG/L

Inhibitor LevelDate of Most Recent: |__| |__| |__| |__| |__| |__|
Month Day Year

24. Was a positive inhibitor detected on this date? Yes
 No → GO TO NEXT SECTION

24a. Positive inhibitor titer |__| |__| |__| |__| |__| BETHESDA UNITS

Right Upper Quadrant Tests: Ultrasound, CAT Scan or MRI

25. Within the past 12 months, has the patient had either a RUQ ultrasound, CAT scan or MRI? Yes → **PROVIDE INFORMATION ABOUT MOST RECENT TEST BELOW AND SEND COPY OF REPORT.**
 No → **FORM IS COMPLETE**

26. What type of test was it? Ultrasound
 CAT Scan
 MRI

27. Date of most recent test |__| |__| |__| |__| |__| |__|
Month Day Year

- 27a. Liver size Normal
 Enlarged
 Smaller than normal

- 27b. Liver or parenchyma echogenicity Homogeneous
 Non-Homogeneous / Heterogeneous

- 27c. Liver mass None
 Suspected mass → Specify maximum diameter: _____ cm
 Definite mass → Specify maximum diameter: _____ cm
 Suspected abscess → Specify maximum diameter: _____ cm
 Other → Specify: _____

- 27d. Spleen size Normal
 Enlarged
 No Spleen

- 27e. Spleen abnormality None
 Any → Specify: _____

- 27f. Ascites None
 Present, easily controlled
 Present, poorly controlled
 Present, unknown control

- 27g. Portal vein thrombosis None
 With Esophageal Varices and/or Bleeding
 Without Esophageal Varices and/or Bleeding

- 27h. Cirrhosis None
 Present