

# NCI Multicenter Hemophilia Cohort Study

T-Cell Results and Viral Load Results Report Form - Form 04 Revised December 1996

## MHCS Site Name

Collaborators' Names and Coordinators' Names

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STUDY ID: H E

DATE SAMPLE DRAWN:        
Month Day Year

SUBJECT ID: Place Pre-Printed Label Here

SAMPLE ID NUMBER:       (If None, Leave Blank)  
(Place Sample ID Label Here)

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## T-CELL PERCENTAGES (NO decimals please)

T4 \_\_\_\_\_ (%)

B1 \_\_\_\_\_ (%)

T8 \_\_\_\_\_ (%)

LEU/16 \_\_\_\_\_ (%)

T3 \_\_\_\_\_ (%)

Anti-leukocyte \_\_\_\_\_ (%)

T11 \_\_\_\_\_ (%)

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## CBC INFORMATION (If not from same blood draw as the above values, leave blank)

Total WBC \_\_\_\_\_ (in thousands, e.g. 5400)

Lymphocytes \_\_\_\_\_ (%)

Total Lymphs \_\_\_\_\_ CU MM

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## HIV VIRAL LOAD

(This sample does not need to be drawn on the same date as the sample for the above results. Use the most recent viral load test results)

Date of sample

for viral load:        
Month Day Year

Manufacturer of Test

(Specify): \_\_\_\_\_

HIV Viral Load Results: \_\_\_\_\_ Copies/ML

Material Used for Test:

Plasma or Serum (Circle One)

# MHCS T-Cell Form (FORM #04)

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STUDY ID: H E

DATE SAMPLE DRAWN:    |   |     
MONTH DAY YEAR

SUBJECT ID: place label here

SAMPLE ID NUMBER       (If none, leave blank)

## T-CELL ENUMERATION

T4 \_\_\_\_\_(%)

T8 \_\_\_\_\_(%)

T3 \_\_\_\_\_(%)

T11 \_\_\_\_\_(%)

B1 \_\_\_\_\_(%)

LEU/16 \_\_\_\_\_(%)

Anti-leukocyte \_\_\_\_\_(%)

## CBC Information (If not from same draw as T-Cell percentages, leave blank)

Total WBC \_\_\_\_\_ (in thousands, e.g. 5400)

Lymphocytes \_\_\_\_\_ (%)

Total Lymphs \_\_\_\_\_ CU MM

# MHCS Complete Blood Count Form (FORM NO. 05)

Laboratory Report of CBC, Liver Enzymes and Bilirubin - To be completed at every patient and partner visit

SUBJECT ID: place label here

1.) Date sample drawn:      | | | |    | | | |    | | | |  
   MONTH                                   DAY                                   YEAR

2.) Sample ID Label                   | | | | | |    (If sample for MHCS and blood used to do blood tests was not drawn at the same time, leave the Sample ID box blank)

**CBC with Differential**

3.) WBC                                   | | | | . | | | THOUSAND / CUBIC MM

4.) RBC   | | | . | | | | | MILLION / CUBIC MM

5.) HEMOGLOBIN                   | | | | . | | | GM / DL

6.) HEMATOCRIT                   | | | | . | | | %

7.) MCV                                   | | | | | | . | | | CU MIC

8.) MCH                                   | | | | . | | | PG

9.) MCHC                               | | | | . | | | GM%

10.) PMNS                               | | | | %

11.) LYMPHOCYTES               | | | | %

12.) MONOCYTES                   | | | | %

13.) EOSINOPHILS               | | | | %

14.) BASOPHILS                   | | | | %

15.) BANDS                           | | | | %

16.) ATYPICAL LYMPHS       | | | | %

17.) OTHER (specify) \_\_\_\_\_   | | | | %

18.) PLATELET COUNT           | | | | | | THOUSAND / CUBIC MM

**TRANSAMINASES**

Specify Upper Limit of Normal

19.) SGOT (AST)               | | | | | U/L                   | | | |

20.) SGPT (ALT)               | | | | | U/L                   | | | |

21.) SGGT                       | | | | | U/L                   | | | |

**BILIRUBIN**

22.) TOTAL BILIRUBIN       | | | | . | | | MG/DL