

MHCS Complete Blood Count Form (FORM NO. 05)

Laboratory Report of CBC, Liver Enzymes and Billirubin - 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