

PULMONARY AIDS CLINICAL STUDY
FORM C - HEMATOLOGIC AND CHEMISTRY RESULTS

Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. a. **Date of Procedure:** Enter the date the procedure was performed. Remember to use the complete date format described earlier in this document.

4. **Hematocrit:** Enter the hematocrit value as a percent.

5. **Hemoglobin:** Enter the hemoglobin value in grams/100 milliliters.

6. **WBC:** Enter the white blood count being careful to use the units specified. For parts A thru E, enter the percent of the listed leukocytes that are found.

7. **Platelet Count:** Enter the platelet count in the specified units or if a count can not be provided, check the box that gives the best estimate of the platelet count.

8. **Erythrocyte Sedimentation Rate:** Enter the erythrocyte sedimentation rate in units of millimeters per hour.

9. **Lymphocyte Subsets:** Enter the percent found of the listed lymphocyte subsets. For the CD-4 lymphocyte subset, indicate the actual CD-4 count per microliter.
10. **Glucose:** Enter the glucose in units of milligrams/100 milliliters.
11. **BUN:** Enter the blood urea nitrogen.
12. **LDH:** Enter the level of lactate dehydrogenase in U/L.
13. **SGOT:** Enter the level of SGOT in U/L.
14. **Total Bilirubin:** Enter the total bilirubin in milligrams/100 milliliters.
15. **Alkaline Phosphatase:** Enter the alkaline phosphatase level in U/L.
16. **Creatinine:** Enter creatinine level in milligrams/100 milliliters.
17. **Cholesterol:** Enter the patient's cholesterol level in milligrams/100 milliliters.
18. **Total Protein:** Enter the total protein in grams/100 milliliters.
19. **Albumin:** Enter the albumin level in grams/100 milliliters.
20. **HIV I Test Results:** If completed, enter the test results found by the ELISA test and by the Western Blot test.
21. **HIV II Antibody Titer:** If completed, enter the results from the HIV II Antibody Titer test.
22. **Visit Type:** *Indicate the visit type by checking the appropriate box. If **Baseline** or **Scheduled Follow-up** visit, skip to Question 10.*

23. **Quality as Scheduled Visit:** *Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 11.*
24. **Scheduled Follow-up Month:** *If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.*
25. **Date of Associated Intake, Interval, or Hospital Form:** *Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.*

Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION
HEMATOLOGIC AND CHEMISTRY RESULTS

1. Patient ID

2. Clinic

3. A. Date of Test Day Month Year

4. Hematocrit %

5. Hemoglobin • gm/100 ml

6. WBC • X 10³/mm³

A. % PMN %

B. % Lymphs %

C. % Mono %

D. % Eos %

E. % Bands %

7. Platelet Count X 10³/mm³
or estimate:
 Adequate Increased Decreased
 01 02 03

8. Erythrocyte Sedimentation Rate mm/hr

9. Lymphocyte Subsets:
 A. % CD-4 %
 CD-4 Count ml

01

NOV

89

B. % CD-8 %

C. % CD-3 %

10. Glucose mg/100 ml

11. BUN mg/100 ml

12. LDH U/L

13. SGOT U/L

14. Total Bilirubin • mg/100 ml

15. Alkaline Phosphatase U/L

16. Creatinine • mg/100 ml

17. Cholesterol mg/100 ml

18. Total Protein • G/100 ml

19. Albumin • G/100 ml

20. HIV I test results (if done):

A. Elisa ₀₁ ₀₂ ₀₉

B. Western Blot ₀₁ ₀₂ ₀₉

21. HIV II Antibody Titer ₀₁ ₀₂ ₀₉

22. Visit Type: ^{*}₀ Baseline ^{*}₁ Scheduled Follow-up ₂ Symptom Generated
₃ One Month Follow-up ₄ Hospital

* If Baseline or Scheduled Follow-up, skip to 24.

Yes No

23. Does this visit qualify as a scheduled visit? _y _n

If No, skip to 25.

24. For which scheduled follow-up visit does this qualify? month
 (00=Baseline; 03 month, 06 month, 09 month, etc.)

25. Date of Intake, Interval, or Hospital Form associated with this form:

Day Month Year

Form Reviewed By: _____ (please print)	Date _____
Form Keyed By: _____ (please print)	Date: _____