

Subject ID _____

Donor ID _____

S.R. # _____

CBC RESULTS

COMPLETE FOR ALL CONFIRMED HTLV POSITIVES AND NEGATIVE CONTROLS, AND FORWARD TO THE COORDINATING CENTER ON THE 1ST OF EACH MONTH.

LABORATORY _____

DATE OF TESTING _____

SEX _____

AGE _____

RESULTS	REFERENCE VALUES
White count (x1000):	(. - .)
Hemoglobin:	(. - .)
HCT:	(. - .)
MCV:	(. - .)
PLT (x1000):	(. - .)
<u>Differential</u>	
Poly:	(-)
Band:	(-)
Lymph:	(-)
Mono:	(-)
Eos:	(-)
Baso:	(-)
Sedimentation Rate:	(-)