

Subject ID _____

Donor ID _____

SR # _____

SMA 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: |__|_| |__|_| |__|_|
MO DA YR

Gender: _____

Age: _____

	RESULTS	REFERENCE VALUES
Sodium:	_ _ _ _	
Bun:	_ _	
* Albumin:	_ . _	(_ . _ - _ . _)
Potassium:	_ . _	
Creatinine:	_ _ . _	
Chloride:	_ _ _	
Glucose:	_ _ _	
Bicarb:	_ _ . _	
TP:	_ . _	
*Ldh:	_ _ _ _	(_ _ _ _ - _ _ _ _ _)
Bilirubin:	Total _ . _ Direct _ . _	
Uric acid:	_ _ . _	
*Calcium:	_ _ . _	(_ _ . _ - _ _ _ . _)
Cholesterol:	_ _ _ _	
Phosphorus:	_ . _	
Triglyceride:	_ _ _ _	
SGOT:	_ _ _ _	
SGPT:	_ _ _ _	
*Alkaline Phosphatase:	_ _ _	(_ _ _ - _ _ _ _)
*Total CPK:	_ _ _ . _	(_ _ _ . _ - _ _ _ _ . _)