

Subject ID \_\_\_\_\_

SR # \_\_\_\_\_

**PHASE THREE CBC RESULTS**

**COMPLETE FOR ALL CONFIRMED HTLV POSITIVES AND NEGATIVE CONTROLS, AND FORWARD TO THE COORDINATING CENTER WITH OTHER FORMS IN THE BEGINNING OF EACH MONTH.**

Laboratory: \_\_\_\_\_

Date of Testing: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MO DAY YR

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

	<b>RESULTS</b>	<b>REFERENCE VALUES</b>
White count (x1000):	_ _ _ _ _	_ _ _ _ _ - _ _ _ _ _
Hemoglobin:	_ _ _ _ _	_ _ _ _ _ - _ _ _ _ _
HCT:	_ _ _ _ _	_ _ _ _ _ - _ _ _ _ _
MCV:	_ _ _ _ _ _ _	_ _ _ _ _ _ _ - _ _ _ _ _ _ _
PLT (x1000):	_ _ _ _	_ _ _ _ _ - _ _ _ _ _
<b><u>Differential</u></b>		
Poly:	_ _ _	_ _ _ - _ _ _
Band:	_ _ _	_ _ _ - _ _ _
Lymph:	_ _ _	_ _ _ - _ _ _
Mono:	_ _ _	_ _ _ - _ _ _
Eos:	_ _ _	_ _ _ - _ _ _
Baso:	_ _ _	_ _ _ - _ _ _
Myelo/Meta:	_ _ _	
ATYP/Reactive Lymphs	_ _ _	
Large Lymphs	_ _ _	
Large Unstained/ Unclassified Cells	_ _ _	