Comprehensive Sickle Cell Centers	Medical His	story Form Part I Selected Lab Tests	Page: {section.pageNumber}	
Collaborative Data Project	Completed <sup>.</sup>	COMPDA / SLAB:COMPMO / SLAB:COMPYR DD MMM YYYY COMPINT	CSCCID: {subject.name} Centercode: {center.name} Hospitalcode: {center.hospital.name}	
Please record the most recent blood counts (if availabutpatient and had not been transfused or hospitaliz ther clinical event that would influence these labs ( Does this patient have labs recorded during the	ed for at least 2 months. The i.e., parvovirus) at the time th	e patient should have also not been experie ne labs were drawn.		
f Yes, record lab values below: Test Most Recent Specimen Date	Result	Comment		
DD / MMM / YYYY	Nosun	Common		
Hgb SLAB:HGBDA/SLAB:HGBMO/SLAB:HGB	YR SLAB:HGBRS (gm/dL)	SLAB: HGBCM		
WBC SLAB:WBCDA/SLAB:WBCMO/SLAB:WBC				
Platelet SLAB: PLATEDA /SLAB: PLATEMO /SLAB: PL		·		
Comments for page: SLAB : COMTXT				
Submit Query Cancel		Form Completion Help		