

<p align="center">Comprehensive Sickle Cell Centers</p>	<p align="center">Hematology Labs</p>	<p align="center">Hospitalization Page: 08</p>
<p align="center">Dexamethasone for ACS</p>		<p>CSCC ID: {subject.name} Center Code: {center.name} Hospital Code: {center.hospital.name}</p>

Complete this form once per day while the subject is admitted in the hospital.

Hospitalization day number: (Key the leading "0".)

<p>Collection Date:</p>	<input type="text" value="HEMD:COLLDA"/>	/ <input type="text" value="HEMD:COLLMO"/>	/ <input type="text" value="HEMD:COLLYR"/>	<p>Collection Time:</p>	<input type="text" value="HEMD:COLLHR"/>	: <input type="text" value="HEMD:COLLMI"/>
	DD	MMM	YYYY	(24-hour clock)	Hour	Min
<input type="checkbox"/> Labs not done (provide a comment) (HEMD:NOTDO)						
Test	Value					
WBC (x10 ³ /mm ³)	<input type="text" value="HEMD:WBC"/>					
RBC (x10 ⁶ /mm ³)	<input type="text" value="HEMD:RBC"/>					
HGB (g/dL)	<input type="text" value="HEMD:HGB"/>					
HCT (%)	<input type="text" value="HEMD:HCT"/>					
MCV (fL)	<input type="text" value="HEMD:MCV"/>					
Platelets (x10 ³ /mm ³)	<input type="text" value="HEMD:PLATE"/>					
Abs. reticulocyte count (x10 ³ /mm ³)	<input type="text" value="HEMD:ABRETIC"/>					
OR % Reticulocyte	<input type="text" value="HEMD:RETICPT"/>					

Comments for page: