FORM 13B VERSION B - 01/14/2002 PAGE 1 OF 2

ML

DE

## STOP II LOCAL LABORATORY FORM FOR NON-RANDOMIZED PATIENTS RECEIVING TRANSFUSIONS

AFFIX PATIENT LABEL

HERE

A1. Person completing form:						
A3. Reason for Completion:  1. Entry Visit	A1. Person completing forn	n:				(Initials):
	A2. Date form completed (N	Month/Day/Year):				
3.   Pre-transfusion →   A3.a   Date of Transfusion (Month/Day/Year):	3. Reason for Completion	n:				
3. Pre-transfusion → A3.a Date of Transfusion (Month/Day/Year): // / / / / / / / / / / / / / / / / /	1. Entry Visit	2.	Quarterly Visit			For Office Use
Test Required    Spe of Visit:	3. Pre-transfus	sion → A3.a Date	e of Transfusion (M	onth/Day/Year):	//	A3.a1
Entry X X X X X X  Quarterly X X X X X X  Transfusion (pre) X X X  31. Date Blood Drawn for CBC (Month/Day/Year):	3. TESTS REQUIRED		Test Re	quired		
Quarterly X X X X X  Transfusion (pre) X X X  31. Date Blood Drawn for CBC (Month/Day/Year):	ype of Visit:	CBC	HBS	Ferritin	Liver Profile	
Transfusion (pre) X X X  1. Date Blood Drawn for CBC (Month/Day/Year):	Entry	Х	Х	X	Х	
11. Date Blood Drawn for CBC (Month/Day/Year):  -1. NOT DONE  -1. NOT DONE	Quarterly	Х	Х	Χ	Х	
32. Date Blood Drawn for Hemoglobin S (Month/Day/Year):	Transfusion (pre)	X	Х			
34. Date Blood Drawn for Liver Profile (Month/Day/Year):			•	/	/	
C. TRANSFUSION STATUS  C1. Has patient been transfused during the last 4 months?  C1. Date of Last Transfusion:  C1. ABORATORY TEST RESULTS  C1. Hemoglobin Analysis:	33. Date Blood Drawn for	Ferritin (Month/Da	ay/Year):	/		1. NOT DONE
C1. Has patient been transfused during the last 4 months?  C1.a Date of Last Transfusion:  C1.a Date of Last Transfusion:  C2. YES  C3. LABORATORY TEST RESULTS  C4. Hemoglobin Analysis:	34. Date Blood Drawn for	Liver Profile (Mor	th/Day/Year):	/		1. <b>NOT DONE</b>
C1.a Date of Last Transfusion: ////  D. LABORATORY TEST RESULTS  D1. Hemoglobin Analysis:	C. TRANSFUSION STATU	JS				
D. LABORATORY TEST RESULTS D1. Hemoglobin Analysis:	C1. Has patient been t	transfused during	the last 4 months	s?	1. NO	2. YES
01. Hemoglobin Analysis:		C1.a D	ate of Last Trans	fusion:	/	<i>J</i>
	D. LABORATORY TEST F	RESULTS				
a. % S	01. Hemoglobin Analysis:					
	a. % S					

FORM 13B – LOCAL LABORATORY FORM - VERSION B –01/14/2002 - PAGE 1 OF 2

D2.	CBC						Reference Ra	ange
	a. White Cell Count (x 10 <sup>9</sup> /l) (uncorrected for						3.5 - 22.5	
	b.	Red Cell Count (x10 <sup>12</sup> /l)					1.5 - 5	
	c.	Hemoglobin (g/dl)					5 - 12	
	d.	Hematocrit (%)					14 - 36	
	e.	Mean Cell Volume (fl)					60 - 110	
	f.	Mean Cell Hemoglobin (pg)					22 - 35	
	g.	Mean Cell Hemoglobin Concentration (g/o	(Ib					
	h.	RDW (%)						
D3.	Serum I	Ferritin (ng/ml)						
D4.	Serum c	hemistries						
	a.	ALT (SGPT) (U/I)					Reference Ra 0 - 75	nge
	b.	GGT (U/I)					12 - 89	
	C.	LDH (U/I)					50 - 1000	
	d.	Total Bilirubin (mg/dl)					.5 - 10	
	e.	Direct Bilirubin (mg/dl)					0 - 1.0	
		ATTACH LABORATO	RY REPOR	RTS F	OR ALL TESTS F	PERFORMED		
Sign	ature of	Study Coordinator:			Date:	//		
E.	FOR OF	FICE USE						
E1.	Local C	BC report received	1.	NO	2. YES	-1. NOT	Γ APPLICABLE	
E2.	Hemogl	obin analysis report received	1.	NO	2. YES	-1. NOT	T APPLICABLE	
E3.	Serum f	erritin report received	1.	NO	2. YES	1. NOT	T APPLICABLE	
E4.	Liver pr	ofile report received	1.	NO	2. YES	-1. NOT	T APPLICABLE	