

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

**AFFIX PATIENT LABEL**  
  
**HERE**

A1. Person completing form: \_\_\_\_\_ (Initials):

A2. Date form completed (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A3. Reason for Completion:

1. **Entry Visit**       2. **Quarterly Visit**

For Office Use

3. **Pre-transfusion** → A3.a Date of Transfusion (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A3.a1

**B. TESTS REQUIRED**

**Test Required**

Type of Visit:	CBC	HBS	Ferritin	Liver Profile
Entry	X	X	X	X
Quarterly	X	X	X	X
Transfusion (pre)	X	X		

B1. Date Blood Drawn for CBC (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

-1. **NOT DONE**

B2. Date Blood Drawn for Hemoglobin S (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

-1. **NOT DONE**

B3. Date Blood Drawn for Ferritin (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

-1. **NOT DONE**

B4. Date Blood Drawn for Liver Profile (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

-1. **NOT DONE**

**C. TRANSFUSION STATUS**

C1. Has patient been transfused during the last 4 months?       1. **NO**       2. **YES**

↓  
 C1.a Date of Last Transfusion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**D. LABORATORY TEST RESULTS**

D1. Hemoglobin Analysis:

a. % S        .

D2. CBC

		Reference Range
a. White Cell Count (x 10 <sup>9</sup> /l) ( <u>uncorrected</u> for nRBCs)	<input type="text"/> <input type="text"/> . <input type="text"/>	3.5 - 22.5
b. Red Cell Count (x10 <sup>12</sup> /l)	<input type="text"/> . <input type="text"/> <input type="text"/>	1.5 - 5
c. Hemoglobin (g/dl)	<input type="text"/> <input type="text"/> . <input type="text"/>	5 - 12
d. Hematocrit (%)	<input type="text"/> <input type="text"/> . <input type="text"/>	14 - 36
e. Mean Cell Volume (fl)	<input type="text"/> <input type="text"/> <input type="text"/>	60 - 110
f. Mean Cell Hemoglobin (pg)	<input type="text"/> <input type="text"/> . <input type="text"/>	22 - 35
g. Mean Cell Hemoglobin Concentration (g/dl)	<input type="text"/> <input type="text"/> . <input type="text"/>	
h. RDW (%)	<input type="text"/> <input type="text"/> . <input type="text"/>	

D3. Serum Ferritin (ng/ml)

    

D4. Serum chemistries

		Reference Range
a. ALT (SGPT) (U/l)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	0 - 75
b. GGT (U/l)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	12 - 89
c. LDH (U/l)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	50 - 1000
d. Total Bilirubin (mg/dl)	<input type="text"/> <input type="text"/> . <input type="text"/>	.5 - 10
e. Direct Bilirubin (mg/dl)	<input type="text"/> <input type="text"/> . <input type="text"/>	0 - 1.0

**ATTACH LABORATORY REPORTS FOR ALL TESTS PERFORMED**

Signature of Study Coordinator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. FOR OFFICE USE**

E1. Local CBC report received	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES	<input type="checkbox"/> -1. NOT APPLICABLE
E2. Hemoglobin analysis report received	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES	<input type="checkbox"/> -1. NOT APPLICABLE
E3. Serum ferritin report received	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES	<input type="checkbox"/> -1. NOT APPLICABLE
E4. Liver profile report received	<input type="checkbox"/> 1. NO	<input type="checkbox"/> 2. YES	<input type="checkbox"/> -1. NOT APPLICABLE