



Laboratory Reporting Form

Subject ID Label

Complete using medical records with values from the subject in **steady state**.

Abstractor: _____

Test Name	Date of Most Recent	Results	NA
CBC	____/____/____		
1. Nucleated RBC		_ _ _ . _ 10 ³ /mm ³	<input type="checkbox"/>
2. White Blood Cells		_ _ _ . _ 10 ³ /mm ³	<input type="checkbox"/>
3. RBC		_ _ _ . _ 10 ⁶ /mm ³	<input type="checkbox"/>
4. Hemoglobin		_ _ _ . _ g/dL	<input type="checkbox"/>
5. Hematocrit		_ _ _ . _ %	<input type="checkbox"/>
6. MCV		_ _ _ micrometer ³	<input type="checkbox"/>
7. MCH		_ _ _ . _ pg	<input type="checkbox"/>
8. MCHC		_ _ _ . _ g/dL	<input type="checkbox"/>
9. Platelets		_ _ _ _ 10 ³ /mm ³	<input type="checkbox"/>
10. Neutrophils (segmented and band together)		_ _ _ %	<input type="checkbox"/>
11. Lymphocytes		_ _ _ %	<input type="checkbox"/>
12. Monocytes		_ _ _ %	<input type="checkbox"/>
13. Eosinophils		_ _ _ . _ %	<input type="checkbox"/>
14. Reticulocytes	____/____/____	_ _ _ . _ % AND/OR _ _ _ 10 ³ /microliter	<input type="checkbox"/>
15. Serum BUN	____/____/____	_ _ _ . _ mg/dL	<input type="checkbox"/>
16. Serum Creatinine	____/____/____	_ _ . _ mg/dL	<input type="checkbox"/>
17. Estimated creatinine clearance	____/____/____	_ _ _ _ mL/min	<input type="checkbox"/>
Lipid Panel	____/____/____		
18. Total Cholesterol		_ _ _ _ mg/dL	<input type="checkbox"/>
19. Non-Fasting HDL		_ _ _ _ mg/dL	<input type="checkbox"/>
20. Fasting HDL		_ _ _ _ mg/dL	<input type="checkbox"/>
21. Non-Fasting LDL		_ _ _ _ mg/dL	<input type="checkbox"/>
22. Fasting LDL		_ _ _ _ mg/dL	<input type="checkbox"/>
23. Triglyceride		_ _ _ _ mg/dL	<input type="checkbox"/>
24. Non-Fasting Blood Glucose	____/____/____	_ _ _ _ mg/dL	<input type="checkbox"/>
25. Fasting Blood Glucose	____/____/____	_ _ _ _ mg/dL	<input type="checkbox"/>
26. CRP	____/____/____	_ _ _ . _ mg/dL	<input type="checkbox"/>

Test Name	Date of Most Recent	Results	NA
Metabolic Panel	____/____/____		
27. Bilirubin serum, total		_ _ _ . _ _ mg/dL	<input type="checkbox"/>
28. Bilirubin, serum, direct		_ _ _ . _ _ mg/dL	<input type="checkbox"/>
29. AST		_ _ _ . _ _ U/L	<input type="checkbox"/>
30. ALT		_ _ _ . _ _ U/L	<input type="checkbox"/>
31. Alkaline Phosphatase		_ _ _ _ . _ _ U/L	<input type="checkbox"/>
32. Total Protein (plasma)		_ _ _ . _ _ g/dL	<input type="checkbox"/>
33. Albumin		_ _ _ . _ _ g/dL	<input type="checkbox"/>
34. LDH (serum)	____/____/____	_ _ _ _ U/L	<input type="checkbox"/>
Reference range		----- -- -----	
35. Direct antiglobulin test-Anti-IgG*	____/____/____	_ 0/negative _ positive	<input type="checkbox"/>
36. Direct antiglobulin test-Anti-C3d*	____/____/____	_ 0/negative _ positive	<input type="checkbox"/>
37. NT-pro-BNP	____/____/____	_ _ _ _ _ pg/mL	<input type="checkbox"/>
38. BNP	____/____/____	_ _ _ _ _ pg/mL	<input type="checkbox"/>
39. Serum iron	____/____/____	_ _ _ _ ug/dL	<input type="checkbox"/>
40. Total iron binding capacity (TIBC)	____/____/____	_ _ _ _ ug/dL	<input type="checkbox"/>
41. Serum transferrin	____/____/____	_ _ _ _ mg/dL	<input type="checkbox"/>
42. Ferritin	____/____/____	_ _ _ _ ng/mL	<input type="checkbox"/>
43. 25-Hydroxy Vitamin D	____/____/____	_ _ _ ng/mL	<input type="checkbox"/>
44. Erythropoietin (EPO)	____/____/____	_ _ _ mU/ml	<input type="checkbox"/>
45. Urine albumin	____/____/____	_ _ _ _ . _ _ mg/g	<input type="checkbox"/>
46. Urine albumin / creatinine	____/____/____	_ . _ _ _ mcg/mg	<input type="checkbox"/>
47. Urine protein (dipstick)	____/____/____	_ 0/negative _ trace _ 1+ _ 2+ _ 3+ _ 4+ _ positive	<input type="checkbox"/>
48. Urine protein / creatinine	____/____/____	_ . _ _ _ mg/g	<input type="checkbox"/>
49. Urine dipstick heme	____/____/____	_ 0/negative _ trace _ 1+ _ 2+ _ 3+ _ 4+ _ positive	<input type="checkbox"/>
50. Urine microscopic RBCs	____/____/____	_ _ _ . _ _ 10 ³ /mm ³ (if < 100, enter exact value) OR _ ≥ 100 10 ³ /mm ³	<input type="checkbox"/>
51. Urine microscopic WBCs	____/____/____	_ _ _ . _ _ 10 ³ /mm ³ (if < 100, enter exact value) OR _ ≥ 100 10 ³ /mm ³	<input type="checkbox"/>
52. Hemoglobin fractionation, most recent	____/____/____	Hb A _ _ _ % Hb A2 _ _ _ % Hb C _ _ _ % Hb D _ _ _ % Hb E _ _ _ % Hb F _ _ _ % Hb O _ _ _ % Hb S _ _ _ % Genetic modified A variant _ _ _ % * Other, _____ _ _ _ %	<input type="checkbox"/>