



Enrollment Laboratory Reporting Form

Subject ID Label

Complete using medical records. For the purposes of this study, the laboratory reporting form can be completed regardless of whether the patient was last in steady state. Whether the patient was experiencing an acute event at the time labs were performed will be captured.

Abstractor: _____

Test Name	Units	Date of Most Recent	NA
1. White Blood Cells	_ _ _ . _ _ 10 ³ /mm ³	___/___/___	<input type="checkbox"/>
2. Hemoglobin	_ _ _ . _ _ g/dL	___/___/___	<input type="checkbox"/>
3. Hematocrit	_ _ _ . _ _ %	___/___/___	<input type="checkbox"/>
4. MCV	_ _ _ (fL)	___/___/___	<input type="checkbox"/>
5. Platelets	_ _ _ _ _ 10 ³ /mm ³	___/___/___	<input type="checkbox"/>
6. Neutrophils (segmented and band together) – ANC	_ _ _ %	___/___/___	<input type="checkbox"/>
7. Reticulocytes	_ _ _ . _ _ % AND/OR _ _ _ 10 ³ /microliter	___/___/___	<input type="checkbox"/>
8. Serum BUN	_ _ _ . _ _ mg/dL	___/___/___	<input type="checkbox"/>
9. Serum Creatinine	_ _ . _ _ mg/dL	___/___/___	<input type="checkbox"/>
10. Bilirubin serum, total	_ _ _ . _ _ mg/dL	___/___/___	<input type="checkbox"/>
11. Bilirubin, serum, indirect	_ _ _ . _ _ mg/dL	___/___/___	<input type="checkbox"/>
12. AST	_ _ _ . _ _ U/L	___/___/___	<input type="checkbox"/>
13. LDH (serum)	_ _ _ _ _ U/L	___/___/___	<input type="checkbox"/>
14. Hemoglobin fractionation, baseline (before HU use – if known, labs done within 3 months from baseline are acceptable)	Hb A _ _ _ _ % Hb A2 _ _ _ _ % Hb C _ _ _ _ % Hb D _ _ _ _ % Hb E _ _ _ _ % Hb F _ _ _ _ % Hb O _ _ _ _ % Hb S _ _ _ _ % Other, _____ _ _ _ _ %	___/___/___	<input type="checkbox"/>
15. Hemoglobin fractionation, most recent	Hb A _ _ _ _ % Hb A2 _ _ _ _ % Hb C _ _ _ _ % Hb D _ _ _ _ % Hb E _ _ _ _ % Hb F _ _ _ _ % Hb O _ _ _ _ % Hb S _ _ _ _ % Other, _____ _ _ _ _ %	___/___/___	<input type="checkbox"/>
16. Hemoglobin fractionation, maximum dose HU (historical data)	Hb A _ _ _ _ % Hb A2 _ _ _ _ % Hb C _ _ _ _ % Hb D _ _ _ _ % Hb E _ _ _ _ % Hb F _ _ _ _ % Hb O _ _ _ _ % Hb S _ _ _ _ % Other, _____ _ _ _ _ %	___/___/___	<input type="checkbox"/>