



# Laboratory Reporting Form

Subject ID Label

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

Abstractor: \_\_\_\_\_

Test Name	Units	Date of Most Recent	NA
1. Nucleated RBC	_ _ _ . _  10 <sup>3</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
2. White Blood Cells	_ _ _ . _  10 <sup>3</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
3. RBC	_ _ _ . _  10 <sup>6</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
4. Hemoglobin	_ _ _ . _  g/dL	___/___/___	<input type="checkbox"/>
5. Hematocrit	_ _ _ . _  %	___/___/___	<input type="checkbox"/>
6. MCV	_ _ _  micrometer <sup>3</sup>	___/___/___	<input type="checkbox"/>
7. MCH	_ _ _ . _  pg	___/___/___	<input type="checkbox"/>
8. MCHC	_ _ _ . _  g/dL	___/___/___	<input type="checkbox"/>
9. Platelets	_ _ _ _  10 <sup>3</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
10. Neutrophils (segmented and band together)	_ _ _  %	___/___/___	<input type="checkbox"/>
11. Lymphocytes	_ _ _  %	___/___/___	<input type="checkbox"/>
12. Monocytes	_ _ _  %	___/___/___	<input type="checkbox"/>
13. Reticulocytes	_ _ _ . _  % AND/OR  _ _ _ _  10 <sup>3</sup> /microliter	___/___/___	<input type="checkbox"/>
14. Serum BUN	_ _ _ . _  mg/dL	___/___/___	<input type="checkbox"/>
15. Serum Creatinine	_ _ . _  mg/dL	___/___/___	<input type="checkbox"/>
17. Estimated creatinine clearance	_ _ _ _  mL/min	___/___/___	<input type="checkbox"/>
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"/>
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"/>

Test Name	Units	Date of Most Recent	NA
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"/>
35. NT-pro-BNP	_ _ _ _ _  pg/mL	___/___/___	<input type="checkbox"/>
36. BNP	_ _ _ _ _  pg/mL	___/___/___	<input type="checkbox"/>
37. Serum iron	_ _ _ _  ug/dL	___/___/___	<input type="checkbox"/>
38. Total iron binding capacity (TIBC)	_ _ _ _  ug/dL	___/___/___	<input type="checkbox"/>
39. Serum transferrin	_ _ _ _  mg/dL	___/___/___	<input type="checkbox"/>
40. Ferritin	_ _ _ _  ng/mL	___/___/___	<input type="checkbox"/>
41. 25-Hydroxy Vitamin D	_ _ _  ng/mL	___/___/___	<input type="checkbox"/>
42. Erythropoietin (EPO)	_ _ _  mU/ml	___/___/___	<input type="checkbox"/>
43. Urine albumin	_ _ _ _ .  _ _  mg/g	___/___/___	<input type="checkbox"/>
44. Urine albumin / creatinine	_ _ .  _ _ _ _  mcg/mg	___/___/___	<input type="checkbox"/>
45. Urine protein (dipstick)	_  0/negative  _  trace  _  1+  _  2+  _  3+  _  4+  _  positive	___/___/___	<input type="checkbox"/>
46. Urine protein/creatinine	_ _ .  _ _ _ _  mg/g	___/___/___	<input type="checkbox"/>
47. Urine dipstick heme	_  0/negative  _  trace  _  1+  _  2+  _  3+  _  4+  _  positive	___/___/___	<input type="checkbox"/>
48. Urine microscopic RBCs	_ _ _ _ .  _ _ _  10 <sup>3</sup> /mm <sup>3</sup> (if < 100, enter exact value) OR  _  ≥ 100 10 <sup>3</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
49. Urine microscopic WBCs	_ _ _ _ .  _ _ _  10 <sup>3</sup> /mm <sup>3</sup> (if < 100, enter exact value) OR  _  ≥ 100 10 <sup>3</sup> /mm <sup>3</sup>	___/___/___	<input type="checkbox"/>
50. Hemoglobin fractionation, baseline (before HU use)	Hb A  _ _ _ % Hb A2  _ _ _ % Hb C  _ _ _ % Hb D  _ _ _ % Hb E  _ _ _ % Hb F  _ _ _ % Hb O  _ _ _ % Hb S  _ _ _ % Other, _____  _ _ _ %	___/___/___	<input type="checkbox"/>
51. Hemoglobin fractionation, most recent	Hb A  _ _ _ % Hb A2  _ _ _ % Hb C  _ _ _ % Hb D  _ _ _ % Hb E  _ _ _ % Hb F  _ _ _ % Hb O  _ _ _ % Hb S  _ _ _ % Other, _____  _ _ _ %	___/___/___	<input type="checkbox"/>
52. Hemoglobin fractionation, maximum dose HU	Hb A  _ _ _ % Hb A2  _ _ _ % Hb C  _ _ _ % Hb D  _ _ _ % Hb E  _ _ _ % Hb F  _ _ _ % Hb O  _ _ _ % Hb S  _ _ _ % Other, _____  _ _ _ %	___/___/___	<input type="checkbox"/>