PRE-STUDY: HEMATOLOGY MONITORING

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

Lab _____

Center: _____

Form completed by: _____

Please provide the CBC values for each visit and provide comments for any abnormalities below:

CBC	VISIT #1 Date :	VISIT #2 Date :	VISIT #3 Date :	VISIT #4 Date :
1. WBC x 1000/UL				
2. RBC x 1000/UL				
3. Hemoglobin G/DL				
4. Hematocrit %				
5. MCV Fl				
6. MCH pg				
7. MCHC G/DL				
8. Platelets x 1000 U/L				
9. Bands %				
10. Neutrophils %				
11. Lymphocytes %				
12. Monocytes %				
13. Eosinophils %				
14. Basophils %				
15. NRBC/100 WBC				
16. Reticulocytes %				
17. Absolute # Retic				

Comments: