# ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
# LABORATORY RESULTS - NORMAL RANGES

**Form Completion Instructions:**

This form must be completed by Clinical Center personnel prior to patient enrollment in the Registry.

Each time normal ranges at the Clinical Center change for any of the listed variables, the form should be submitted to the Clinical Coordinating Center as soon as possible after the new ranges have gone into effect. Each new form should only include those ranges which have changed. There is no need to repeat normal ranges for these variables whose ranges have not changed.

# ALPHA 1-ANTITRYPSIN DEFICIENCY REGISTRY
## Laboratory Results - Normal Ranges

**This form should be completed and submitted to the Clinical Coordinating Center prior to the start of patient enrollment and whenever any of these normal ranges change at the Clinical Center.**

Date form completed:..... ___ ___/ ___ ___/ ___
month day

Date these normal ranges went into effect: ..... ___ ___/
mon

Clinical Center Name:_____

COMPLETE BLOOD COUNT

| | | UNITS OF MEASUR | NORMAL RANGES LOW | HIGH |
|---|---|---|---|---|
| 1. | White Blood Count: ..... | | ___.___ | ___ ___ ___.___ |
| 2. | Hemoglobin: ..... | | ___.___ | ___ ___.___ |
| 3. | Hematocrit:..... | | ___ ___.___ | ___ ___.___ |

SERUM C

| | | OF MEASURE | NORMAL RANGES LOW | HIGH |
|---|---|---|---|---|
| | ..... | _____ | ___ ___.___ | ___ ___.___ |
| | ogen: ..... | _____ | ___ ___ ___ | ___ ___ ___ |
| | ..... | _____ | ___ ___ ___ ___ | ___ ___ ___ ___ |
| | GOT (AST):..... | _____ | ___ ___ ___ ___ | ___ ___ ___ ___ |
| 8. | Alkaline Phosphatase: ..... | _____ | ___ ___ ___ ___ | ___ ___ ___ ___ |
| 9. | Total Bilirubin:..... | _____ | ___ ___.___ | ___ ___.___ |

ARTERIAL BLOOD GASES

| | | UNITS OF MEASURE | NORMAL RANGES LOW | HIGH |
|---|---|---|---|---|
| 10. | $PaO_2$: | _____ | ___ ___ ___ | ___ ___ ___ |
| 11. | $PaCO_2$: | _____ | ___ ___ | ___ ___ |
| 12. | pH: _____. | ___.___ ___ | ___.___ ___ | |
| 13. | $HCO_3$ (measured): | _____ | ___.___ ___ | ___.___ ___ |
| 14. | Carboxyhemoglobin: | _____ | ___ ___.___ | ___ ___.___ |
| 15. | $SaO_2$: | _____ | ___ ___ ___ | ___ ___ ___ |

Comments: _____

*White/Yellow: Clinical Coordinating Center, Pink: Clinical Center*

PWO 1881

No SAS Dataset Made For This Form

**Clinical Center:** ___ ___
**Date Form Completed:** ___ ___/ ___ ___/ ___ ___
month day year

_____

_____

_____

Form Completed By (Name):_____

Physician Signature: _____

*White/Yellow: Clinical Coordinating Center, Pink: Clinical Center*

PWO 1881

**Notes on Coding:**

Variable Name = Sex:

Codes used: 1 = Male
2 = Female
3 = Unspecified

Variable Name = F16Q01A - F16Q15A = Units of Measure for:

WBC, Creatinine, BUN, SGPT, SGOT (AST), Alkaline Phosphatase, Total Bilirubin, $PAO_2$, $PaCO_2$, PH, $HCO_3$ (measured), Carboxyhemoglobin, $SaO_2$

Codes used: 1 = %
2 = $x10^3mm^3$
3 = g/dl
4 = mg/dl
5 = IU/L
6 = mEq/L
7 = mmHg
8 = $\#/mm^3$
9 = U/L
10 = $K/mm^2$
11 = MMOL/L
12 = $K/Cmm^3$
13 = $Thou/mm^3$
14 = $x10^3/mcL$
15 = $1000/mm^3$
16 = u/ML
17 = Mu/ML
18 = $x10^3$
19 = K/UL
20 = torr
21 = $10^3/ML$
22 = $K/mm^3$
23 = IU