Subject ID _____

Donor ID _____

CBC RESULTS

COMPLETE FOR ALL CONFIRMED HTLV POSITIVES AND NEGATIVE CONTROLS, AND FORWARD TO THE COORDINATING CENTER ON THE 1ST OF EACH MONTH.

Date of Testing: |__|__| |__|__| |__|__|
MO DA YR

White count (x 1000): |__| |__|.|__|

Hemoglobin: |__| |__|.|__|

HCT: |__| |__|.|__|

MCV: |__| |__| |__|.|__|

PLT (x1000) |__| |__| |__|

<u>Differential</u>

Poly: |__|__|

Band: |__|__|

Lymph: |__|__|

Mono: |__|__|

Eos: |__|__|

Baso: |__|__|

Myelo/Meta: |__|__|

ATYP/Reactive Lymphs |__|__|

Large Lymphs |__|__|

Large Unstained/
Unclassified Cells |__|__|

Sedimentation Rate: |__| |__| |__|