



HPTN 052 (096)

PCH-1 (315)

Visit Code

Partner ID

- - -
 Site Number Index Number Partner Chk

Partner Complete Hematology Results

Initial Collection Date

dd MMM yy

Instructions: Complete this form at partner seroconversion only.

Not done/ Not collected Alternate Collection Date dd MMM yy

1. HEMOGRAM

Not done

- 1a. Hemoglobin g / dl
- 1b. Hematocrit %
- 1c. MCV fL
- 1d. Platelets cells/mm³

Not done/ Not collected Alternate Collection Date dd MMM yy

2. WHITE BLOOD CELLS

2a. WBC x10³/mm³

2b. Differential

	Not reported	percentage		Absolute Count cells/mm ³
2b1. Neutrophils	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b2. Lymphocytes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b3. Monocytes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b4. Eosinophils	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b5. Basophils	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b6. Bands	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b7. Atypical lymphocytes	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Comments: _____

Partner Complete Hematology Results (PCH-1)

Record specimen test results on this form as they become available from the local lab. Fax this form to SCHARP DataFax when results for *all* collected specimens are available and recorded.

Item-specific Instructions:

- **Initial Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. Complete date required.
- **Alternate Collection Date:** This date is to be completed **ONLY** if the specimen was collected on a different day than the rest of the specimens. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. Complete date required.
- **Results Reporting**
 - If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results and write an explanation on the comments line.
 - If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
 - It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
 - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.
 - If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- **Item No LONGER APPLICABLE FOR THIS PROTOCOL.** ~~percentage and absolute count, absolute count should be recorded.~~