HEADER

HEMATOLOGY FORM - COHORTS A AND B

Participant ID: ☐☐ SUBJID ☐☐☐☐☐☐☐☐☐-☐

Visit Date: ☐☐-☐☐☐-☐☐☐☐ VISDAT
D D M O N Y Y Y Y

Visit Type: **COHORT A**: ☐ B/L VISIT **COHORT B:** ☐ TB Activation Eval

HEMATOLOGY

A. COMPLETE BLOOD COUNT (CBC)

HEMND ☐ **Not done** ***(Go to Section B)***

1. Date of CBC: ☐☐ HEMDAT ☐☐-☐☐☐☐
D D M O N Y Y Y Y

1a. White Blood Cell Count: ☐☐.☐ (10^3/ μL) WBC

1b. Red Blood Cell Count: ☐.☐ (10^6/ μL) RBC

1c. Hemoglobin: ☐☐.☐ (g/dL) HGB

1d. Hematocrit: ☐☐.☐ (%) HCT

1e. Platelets: ☐☐☐☐ (10^3/ μL) PLATLET

1f. Absolute neutrophil count: NEUT ☐☐.☐ (10^3/ μL) or ☐☐.☐ % NEUTLE

1g. Absolute lymphocyte count: LYMP ☐☐.☐ (10^3/ μL) or ☐☐.☐ % LYMPLE

HBA1C

B. HbA1c

HBA1CND ☐ **Not done**

1. Date of HbA1c: ☐☐ HBA1CDAT ☐☐-☐☐☐☐
D D M O N Y Y Y Y

2. Result: ☐☐.☐ % **or** ☐☐☐ mmol/mol
HBA1CPCT HBA1CPROP