

Site Number	Screening Number	Participant Study Number	Protocol Number: MoCk - Up-1-001-06
VISIT X <INSERT VISIT NAME>			LABORATORY / HAEMATOLOGY

Clinical Haematology Laboratory tests performed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
Date of Sample:	___ / ___ / ____ (DD / MMM / YYYY)	
Was laboratory sample taken at different hospital to <insert investigator's site lab name>?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
Laboratory name / Location: _____		

HAEMATOLOGY Laboratory Parameter	Value	Unit	If parameter indicated as out of normal range on report, please check if clinically significant:
WBC			<input type="checkbox"/> No <input type="checkbox"/> Yes
RBC			<input type="checkbox"/> No <input type="checkbox"/> Yes
Hb			<input type="checkbox"/> No <input type="checkbox"/> Yes
HCT			<input type="checkbox"/> No <input type="checkbox"/> Yes
MCV			<input type="checkbox"/> No <input type="checkbox"/> Yes
MCH			<input type="checkbox"/> No <input type="checkbox"/> Yes
PLT			<input type="checkbox"/> No <input type="checkbox"/> Yes
NEUTROPHILS			<input type="checkbox"/> No <input type="checkbox"/> Yes
LYMPHOCYTES			<input type="checkbox"/> No <input type="checkbox"/> Yes
MONOCYTES			<input type="checkbox"/> No <input type="checkbox"/> Yes
EOSINOPHILS			<input type="checkbox"/> No <input type="checkbox"/> Yes
BASOPHILS			<input type="checkbox"/> No <input type="checkbox"/> Yes
RETICULOCYTES			<input type="checkbox"/> No <input type="checkbox"/> Yes

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VISIT X <INSERT VISIT NAME>									LABORATORY / BIOCHEMISTRY					

Clinical Biochemistry Laboratory tests performed?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
Date of Sample:		___ / ___ / ___ (DD / MMM / YYYY)	
Was laboratory sample taken at different hospital to <insert investigator's site lab name>?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
		Laboratory name / Location: _____	

BIOCHEMISTRY Laboratory Parameter	Value	Unit	If parameter indicated as out of normal range on report, please check if clinically significant:
SODIUM			<input type="checkbox"/> No <input type="checkbox"/> Yes
POTASSIUM			<input type="checkbox"/> No <input type="checkbox"/> Yes
CHLORIDE			<input type="checkbox"/> No <input type="checkbox"/> Yes
BICARBONATE			<input type="checkbox"/> No <input type="checkbox"/> Yes
UREA			<input type="checkbox"/> No <input type="checkbox"/> Yes
CREATININE			<input type="checkbox"/> No <input type="checkbox"/> Yes
TOTAL PROTEIN			<input type="checkbox"/> No <input type="checkbox"/> Yes
TOTAL BILIRUBIN			<input type="checkbox"/> No <input type="checkbox"/> Yes
ALBUMIN			<input type="checkbox"/> No <input type="checkbox"/> Yes
ALK PHOS			<input type="checkbox"/> No <input type="checkbox"/> Yes
ALT			<input type="checkbox"/> No <input type="checkbox"/> Yes
AST			<input type="checkbox"/> No <input type="checkbox"/> Yes
CALCIUM			<input type="checkbox"/> No <input type="checkbox"/> Yes

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT X <INSERT VISIT NAME>						LABORATORY / <INSERT ASSESSMENT>			

Clinical <insert assessment> Laboratory tests performed?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
Date of Sample:		___ / ___ / ___ (DD / MMM / YYYY)	
Was laboratory sample taken at different hospital to <insert investigator's site lab name>?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
		Laboratory name / Location: _____	

<INSERT ASSESSMENT> Laboratory Parameter	Value	Unit	If parameter indicated as out of normal range on report, please check if clinically significant:
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes