

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT 1 (SCREENING)						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

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT 1 (SCREENING)						LABORATORY / BIOCHEMISTRY			

Clinical Biochemistry Laboratory tests performed?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, Complete below
Date of Sample:		___ / ___ / ___ (DD / MMM / YYYY)	
Were laboratory samples taken at different hospital other than <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

