**Laboratory Results**

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| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility patient ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMR ID#: \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_— \_\_ \_\_ \_\_ \_\_ \_\_ |

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| --- | --- |
| Type of assessment | ☐ Baseline assessment  ☐ 2 week assessment  ☐ Planned monthly assessment: Month \_\_\_ \_\_\_  ☐ Other assessment  ☐ End of treatment assessment  ☐ 6 Month post-treatment assessment |

**Hematology**

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| **Sample Details**  Sample collection date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Lab name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | ***Result*** | ***Unit*** | ***Abnormal?*** |
| Hemoglobin |  | ☐ mmol/L  ☐ g/dL | ☐ Yes  ☐ No |
| Hematocrit |  | % | ☐ Yes  ☐ No |
| Platelet count |  | x109/L | ☐ Yes  ☐ No |
| RBC count |  | x1012/L | ☐ Yes  ☐ No |
| WBC count |  | x109/L | ☐ Yes  ☐ No |
| Neutrophils |  | % | ☐ Yes  ☐ No |
| Absolute neutrophil count (ANC) |  | x109/L | ☐ Yes  ☐ No |

**Chemistry**

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| **Sample Details**  Sample collection date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Lab name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | ***Result*** | ***Unit*** | ***Abnormal?*** |
| Potassium |  | ☐ mg/dL  ☐ mmol/L | ☐ Yes  ☐ No |
| Magnesium |  |  | ☐ Yes  ☐ No |
| Ionised calcium |  |  | ☐ Yes  ☐ No |
| Urea |  |  | ☐ Yes  ☐ No |
| Creatinine |  |  | ☐ Yes  ☐ No |
| Glucose (fasting) |  | ☐ mg/dL  ☐ mmol/L | ☐ Yes  ☐ No |
| Glucose (non fasting) |  | ☐ mg/dL  ☐ mmol/L | ☐ Yes  ☐ No |
| HbA1c |  |  | ☐ Yes  ☐ No |
| TSH |  | mIU/L | ☐ Yes  ☐ No |
| Amylase |  |  | ☐ Yes  ☐ No |
| Lipase |  |  | ☐ Yes  ☐ No |
| Serum albumin |  | ☐ g/L  ☐ μmol/L | ☐ Yes  ☐ No |

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| --- | --- | --- | --- | --- |
|  | ***Result*** | ***Upper limit of normal*** | ***Unit*** | ***Abnormal?*** |
| AST/SGOT |  |  | IU/L | ☐ Yes  ☐ No |
| ALT/SGPT |  |  | IU/L | ☐ Yes  ☐ No |
| Total bilirubin |  |  | ☐ μmol/L  ☐ mg/dL | ☐ Yes  ☐ No |

**Serological and other tests**

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| --- | --- | --- | --- |
| **Sample Details**  Sample collection date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Lab name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | ***Result*** | ***Unit*** | |
| Pregnancy test | ☐ Positive  ☐ Negative  ☐ Indeterminate |  | |
| HIV test | ☐ Positive  ☐ Negative  ☐ Indeterminate |  | |
| CD4 count |  | ☐ cells/mm3 ☐ x109/L | |
| RNA viral load |  | copies/ml | |
| Hep B surface antigen | ☐ Reactive ☐ Non-reactive  ☐ Borderline ☐ Pending |  | |
| Hep C antibody | ☐ Reactive ☐ Non-reactive  ☐ Borderline ☐ Pending |  | |

**Other tests**

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| --- | --- | --- | --- |
| **Sample Details**  Sample collection date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Lab name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sample ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| ***Test name*** | ***Result*** | ***Unit*** | ***Abnormal?*** |
| Other test 1:\_\_\_\_\_\_\_\_\_\_ |  |  | ☐ Yes  ☐ No |
| Other test 2:\_\_\_\_\_\_\_\_\_\_ |  |  | ☐ Yes  ☐ No |
| Other test 3:\_\_\_\_\_\_\_\_\_\_ |  |  | ☐ Yes  ☐ No |

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| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |