

**IAI (Intra-abdominal Injury) Study:  
Lab Data Collection Form #5**

**Patient Study ID Number:**

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Study # Site # Patient #

Complete this form for all patients enrolled into the study.

Data Source: Medical and Laboratory record, completed by RA.

Please obtain laboratory results from the time of ED Triage through 7 days after ED visit). All "Date" information should be in "mm/dd/yyyy" format. All "Time" information should be in "hh:mm" (24 hour clock) format.

**1. Were any of the lab tests listed below ordered within 7 days of ED triage time?**

☐ Yes → answer 2 through 11 ☐ No → form complete

**Hematocrit**

2) Were any Hematocrit labs obtained? ☐ Yes → list up to 3 results ☐ No → skip to Question 3

	Date	Time	Result
a) HEM 1	___/___/___	___:___	
b) HEM 2	___/___/___	___:___	
c) HEM 3	___/___/___	___:___	

**Peripheral White Blood Cell Count**

3) Were Peripheral White Blood Cell Counts obtained? ☐ Yes → list up to 4 results ☐ No → skip to Question 4

	Date	Time	Result
a) PWBC 1	___/___/___	___:___	
b) PWBC 2	___/___/___	___:___	
c) PWBC 3	___/___/___	___:___	
d) PWBC 4	___/___/___	___:___	

**Serum Bicarbonate**

4) Was a Serum Bicarbonate lab obtained? ☐ Yes → list one result ☐ No → skip to Question 5

	Date	Time	Result
a) SB 1	___/___/___	___:___	

**Serum AST (Aspartate Aminotransferase)**

5) Were Serum AST labs obtained? ☐ Yes → list up to 5 results ☐ No → skip to Question 6

	Date	Time	Result
a) AST 1	___/___/___	___:___	
b) AST 2	___/___/___	___:___	
c) AST 3	___/___/___	___:___	
d) AST 4	___/___/___	___:___	
e) AST 5	___/___/___	___:___	

**Serum ALT (Alanine Aminotransferase)**

6) Were any Serum ALT labs obtained? ☐ Yes → list up to 5 results ☐ No → skip to Question 7

	Date	Time	Result
a) ALT 1	___/___/___	___:___	
b) ALT 2	___/___/___	___:___	
c) ALT 3	___/___/___	___:___	
d) ALT 4	___/___/___	___:___	
e) ALT 5	___/___/___	___:___	

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### Serum Amylase

7) Were any Serum Amylase labs obtained? ☐ Yes → list up to 3 results ☐ No → skip to Question 8

	Date	Time	Result
a) AMY 1	___ / ___ / ____	_____ : _____	
b) AMY 2	___ / ___ / ____	_____ : _____	
c) AMY 3	___ / ___ / ____	_____ : _____	

### Serum Lipase

8) Were any Serum Lipase labs obtained? ☐ Yes → list up to 3 results ☐ No → skip to Question 9

	Date	Time	Result
a) LIP 1	___ / ___ / ____	_____ : _____	
b) LIP 2	___ / ___ / ____	_____ : _____	
c) LIP 3	___ / ___ / ____	_____ : _____	

### Serum BUN

9) Was a Serum BUN lab obtained? ☐ Yes → list one result ☐ No → skip to Question 10

	Date	Time	Result
a) BUN 1	___ / ___ / ____	_____ : _____	

### Serum Creatinine

10) Was a Serum Creatinine lab obtained? ☐ Yes → list one result ☐ No → skip to Question 11

	Date	Time	Result
a) CRE 1	___ / ___ / ____	_____ : _____	

### Lactate

11) Were any Lactate labs obtained? ☐ Yes → list up to 2 results ☐ No → skip to Question 12

	Date	Time	Result
a) LAC 1	___ / ___ / ____	_____ : _____	
b) LAC 2	___ / ___ / ____	_____ : _____	
c) LAC 3	___ / ___ / ____	_____ : _____	
d) LAC 4	___ / ___ / ____	_____ : _____	

### Urinalysis

12) Was a Urinalysis obtained? ☐ Yes → list up to 2 results ☐ No → Form Complete

	Date	Time	Type of Test	Result	RBC/HPF (enter number)
a) URI 1	___ / ___ / ____	_____ : _____	<input type="checkbox"/> Initial ED <input type="checkbox"/> Additional	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Lab	_____
b) URI 2	___ / ___ / ____	_____ : _____	<input type="checkbox"/> Initial ED <input type="checkbox"/> Additional	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Lab	_____