



5783

Indo-US VAP Biomarkers for Risk of Tuberculosis and for Tuberculosis
Treatment Failure and Relapse

Form 5

COMPLETE BLOOD COUNT TEST RESULTS

This form should be completed for all index cases at baseline, all household contacts who develop active TB, and selected household contact controls at month 12.

Participant ID number: SUBJID

Family ID number: FID

Date of blood draw: CBC_VISDAT

1	0	2	-	0					-	
---	---	---	---	---	--	--	--	--	---	--

--	--	--	--

		/			/				
Day			Month			Year			

1. Visit type: CBC_VISIT

- ☐ Index case baseline
- ☐ Household contact co-prevalent TB case
- ☐ Household contact incident TB case
- ☐ Household contact control

A. DIABETES RELATED LAB CBC_HBAND ☐ Not Done (Go to Section B)

2. Date HbA1C processed:

--	--

 /

--	--

 /

--	--	--	--

 CBC_HBADAT

CBC_HGAPCT 2a. HbA1C:

--	--

 .

--

 % OR

--	--	--

 CBC_HGAPROP mmol/mol

B. COMPLETE BLOOD COUNT (CBC) ☐ Not Done CBC_HEMND

3. Date CBC processed:

--	--

 /

--	--

 /

--	--	--	--

 CBC_HEMDAT

3a. White Blood cell count:

--	--	--	--	--

 cmm CBC_WBC

3b. Red Blood Cell count:

--	--

 .

--	--

 mill/cumm CBC_RBC

3c. Hemoglobin:

--	--

 .

--

 gm% CBC_HGB

3d. Hematocrit:

--	--

 .

--

 % CBC_HCT

3e. Platelets:

--	--	--	--	--	--

 cmm CBC_PLATLET

3f. Absolute Neutrophil count: CBC_NEUT

--	--	--	--	--

 cmm OR

--	--

 .

--

 % CBC_NEUTLE

3g. Absolute Lymphocyte count: CBC_LYMP

--	--	--	--	--

 cmm OR

--	--

 .

--

 % CBC_LYMPLE

Date Completed:

--	--

 /

--	--

 /

--	--	--	--

 CBC_COMPDAT

Initials:

--	--	--

 CBC_INIT