Screening ID:
S $\qquad$ -

## Visit Code:

V1 $\qquad$
Date of Visit V1A $\qquad$ 1 $\qquad$ / _-

INSTRUCTIONS: This form is to be filled out at Pre-Randomization Visit V1A, for local lab tests repeated because of abnormality at PreRandomization Visit 1. Do not repeat any lab tests which were normal at Pre-Randomization Visit 1.

## LOCAL LABORATORY TESTS

| 1. | Hemoglobin | ()$_{0}$ Done | ()$_{0}$ Done |
| :--- | :--- | :--- | :--- |
| 2. | Platelet count | ()$_{0}$ Done | - |
| 3. | Absolute neutrophil count | ()$_{0}$ Done | - |
| 4. | Alkaline phosphatase | ()$_{0}$ Done | - |
| 5. | AST | ()$_{0}$ Done | - |
| 6. | ALT |  |  |

## REVIEW OF LABORATORY RESULTS

7. Is the hemoglobin less than 10.0?
( ) ${ }_{0} \mathrm{No}$
( ) Y Yes
( ) $2_{2}$ Not applicable
8. Is the platelet count less than $150,000 / \mathrm{mm}^{3}$ ?
( ) $)_{0}$ No
( ) Y Yes
( ) $)_{2}$ Not applicable
9. Is the absolute neutrophil count less than $800 / \mathrm{mm}_{3}$ ?
( ) $)_{0}$ No
( ) Yes
( ) $)_{2}$ Not applicable
10. Is the alkaline phosphatase greater than twice the upper limit of normal for your lab?
( ) $)_{0}$ No
( ) $)_{1}$ Yes
( ) $2_{2}$ Not applicable
11. Is the AST greater than twice the upper limit of normal for your lab?
( ) $)_{0}$ No
( ) , Yes
( ) $)_{2}$ Not applicable
12. Is the ALT greater than twice the upper limit of normal for your lab?
( ) $)_{0}$ No
( ) $)_{1}$ Yes
( ) $)_{2}$ Not applicable

If you have answered "Yes" to any of the above questions, this child is NOT ELIGIBLE for the TLCTrial.

Send to:
$\qquad$ -
$\qquad$
Date of Visit V1A $\qquad$ ' $\qquad$ '__

## ADMINISTRATIVE MATTERS

13. Date form completed $\qquad$ 1 $\qquad$ 1 $\qquad$ $m m / d d y y$
14. TLC staff

15. Eligibility status
( ) Eligible
( ) $)_{2}$ Not eligible, specify $\qquad$

COMMENTS

