

ARISTOTLE

LABORATORY NORMAL RANGES

Normal Ranges for laboratories analysing samples used to determine eligibility must be submitted to UCL CTC before patients are randomised. Normal ranges must be submitted for all laboratories analysing samples for trial patients.

If normal ranges are updated, updated information must also be provided to UCL CTC.

Sites can either use this template CRF to provide the necessary laboratory normal ranges or alternatively a copy of the printed normal ranges provided.

Please send CRF or printed normal ranges to:

ARISTOTLE Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ

Name of Site:

Name of Laboratory:
(if different)

Date of Normal Ranges:

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Male

Female*

Lower Limit Normal

Upper Limit Normal

Lower Limit Normal

Upper Limit Normal

HAEMATOLOGY:

Haemoglobin (g/L)

			.		—				.	
--	--	--	---	--	---	--	--	--	---	--

Platelets (x 10⁹/L)

			—			
--	--	--	---	--	--	--

WBC (x10⁹/L)

	.		—		.	
--	---	--	---	--	---	--

ANC (x10⁹/L)

	.		—		.	
--	---	--	---	--	---	--

Lymphocyte (x10⁹/L)

	.		—		.	
--	---	--	---	--	---	--

			.		—				.	
--	--	--	---	--	---	--	--	--	---	--

			—			
--	--	--	---	--	--	--

	.		—		.	
--	---	--	---	--	---	--

	.		—		.	
--	---	--	---	--	---	--

	.		—		.	
--	---	--	---	--	---	--

BIOCHEMISTRY:

Sodium (mmol/L)

			—			
--	--	--	---	--	--	--

Potassium (mmol/L)

	.			—		.		
--	---	--	--	---	--	---	--	--

Urea (mmol/L)

	.			—		.		
--	---	--	--	---	--	---	--	--

Creatinine (μmol/L)

		.		—			.	
--	--	---	--	---	--	--	---	--

Alk. Phos. (IU/L)

		—		
--	--	---	--	--

AST (IU/L)

		—		
--	--	---	--	--

ALT (IU/L)

		—		
--	--	---	--	--

Albumin (g/L)

		—		
--	--	---	--	--

Bilirubin (μmol/L)

		.		—			.	
--	--	---	--	---	--	--	---	--

GGT (IU/L)

		—		
--	--	---	--	--

CRP (mg/L)

		.		—			.	
--	--	---	--	---	--	--	---	--

			—			
--	--	--	---	--	--	--

	.			—		.		
--	---	--	--	---	--	---	--	--

	.			—		.		
--	---	--	--	---	--	---	--	--

		.		—			.	
--	--	---	--	---	--	--	---	--

		—		
--	--	---	--	--

		—		
--	--	---	--	--

		—		
--	--	---	--	--

		—		
--	--	---	--	--

		.		—			.	
--	--	---	--	---	--	--	---	--

		—		
--	--	---	--	--

		.		—			.	
--	--	---	--	---	--	--	---	--

*Provide female normal ranges for those that are different to male. Enter "N/A" if female value is the same as male normal range.

Completed by (print name):

Signature:

Date Completed:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

For Office use only:

Date received: _____ Initials: _____ Date form entered: _____ Initials: _____