

Patient Name: \_\_\_\_\_

Patient Age: |\_\_| |\_\_| . |\_\_|

Years

Months

Patient Sex: Male  Female

### FORM HIFM5 - LUMBAR PUNCTURE RESULTS

Date of Test: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_| or Not Done  \_\_\_\_\_  
Day Month Year

a) Appearance (Check all that apply): Clear  1  
Blood stained  1  
Turbid  1  
Other,  1  
specify \_\_\_\_\_

b) Tumor Cells present in CSF: Yes  1  
No  2  
Unknown  3

c) Count of Tumor Cells in CSF: |\_\_| |\_\_| |\_\_| |\_\_| / ul or Not Done  1

d) Total White Blood Cell Count in CSF: |\_\_| |\_\_| |\_\_| |\_\_| / ul or Not Done  1

e) Red Blood Cell Count in CSF: |\_\_| |\_\_| |\_\_| |\_\_| / ul or Not Done  1

f) Pandy Test Results: Positive  1  
Negative  2  
Not Done  3

**Hospital ID**  
(stick label here)

Transcribed by: \_\_\_\_\_  
Checked by: \_\_\_\_\_  
*Initials/Date*

**Subject ID**  
(stick label here)