conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Procedure Lab Assessments** ☐ Source ☐ Data Transfer Tool
	Site Number: _____ Subject ID: _____

Original source should be obtained from a direct laboratory report from Subject Medical Record. Laboratory results to be reviewed by delegated investigator (either directly on lab report or as Source here) as relates to subject safety and general INC/EXC Criteria.

Pre-procedure oral anticoagulation should be managed as per site protocol. Warfarin should be discontinued in accordance with site standard of care practices including INR levels on the day of the procedure. We are not collecting day of procedure INR levels.

Laboratory Collection at Procedure required **within 48 hours of implant.**

Date of Hematology	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)
	☐ Not Done *(ENTER PD)*

Laboratory Assessment	***Results Value/ unit***	***Clinically Significant***
Hemoglobin		☐ Yes ☐ No
Hematocrit		☐ Yes ☐ No
Platelet Count		☐ Yes ☐ No

If utilizing this form as source (i.e., no other source exists), this form should be signed by Site Investigator.

_____ __ __ / __ __ __ / __ __ __ __

Site Personnel Signature **Date (DD/MMM/YYYY)**