conformal THE SHAPE OF STROKE PREVENTION	**CONFORM Screening 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 INC/EXC Criteria.

Laboratory Collection at screening collected per standard of care ***up to 60 days prior to consent***

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

Laboratory Assessment	***Results***	***Clinically Significant***
Hemoglobin		☐ Yes ☐ No
Henatocrit		☐ Yes ☐ No
WBC		☐ Yes ☐ No
Platelet Count		☐ Yes ☐ No

CHEMISTRY – SERUM CREATININE OR GFR eGFR

Date of serum Chemistry	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)
	☐ Not Done *(ENTER PD if neither Cr or GFR/eGFR were not obtained)*

Laboratory Assessment	***Results***	***Clinically Significant***
Creatinine		☐ Yes ☐ No
GFR or eGFR		☐ Yes ☐ No

COAGULATION as Relevant

Was INR sample collected?	☐ Yes ☐ No ☐ Not applicable
Date of INR	__ __ / __ __ __ / __ __ __ __ (DD/MMM/YYYY)

Laboratory Assessment	***Results***	***Clinically Significant***
INR		☐ Yes ☐ No

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

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

Reminder: Pre-procedure oral anticoagulation (Warfarin or DOAC) should be managed as per site protocol. Warfarin should be discontinued in accordance with site standard of care practices including the monitoring of INR levels on the day of the procedure.