

BLOOD COUNT FROM DATE:

Age of test person:	If it is an animal, please enter the species and age here:
Gender	
<input type="checkbox"/> female	Land:
<input type="checkbox"/> male	State:
Vaccination status - mRNA vaccination	My microscopy experience
<input type="checkbox"/> Yes / how many? :	<input type="checkbox"/> Beginner
<input type="checkbox"/> No	<input type="checkbox"/> more experienced
Control blood sample with methylene blue - if available	
Observation Day 1	Observation Day 1
<input type="checkbox"/> all normal erythrocytes	<input type="checkbox"/> all normal erythrocytes
<input type="checkbox"/> Partially normal / partially synthetic RBCs	<input type="checkbox"/> Partially normal / partially synthetic RBCs
<input type="checkbox"/> only artificial RBCs	<input type="checkbox"/> only artificial RBCs
Observation Day 3	Observation Day 3
<input type="checkbox"/> all normal erythrocytes	<input type="checkbox"/> all normal erythrocytes
<input type="checkbox"/> Partially normal / partially synthetic RBCs	<input type="checkbox"/> Partially normal / partially synthetic RBCs
<input type="checkbox"/> only artificial RBCs	<input type="checkbox"/> only artificial RBCs
Observation Day 3	Observation Day 3
<input type="checkbox"/> all normal erythrocytes	<input type="checkbox"/> all normal erythrocytes
<input type="checkbox"/> Partially normal / partially synthetic RBCs	<input type="checkbox"/> Partially normal / partially synthetic RBCs
<input type="checkbox"/> only artificial RBCs	<input type="checkbox"/> only artificial RBCs
Observation Day 7	Observation Day 7
<input type="checkbox"/> all normal erythrocytes	<input type="checkbox"/> all normal erythrocytes
<input type="checkbox"/> Partially normal / partially synthetic RBCs	<input type="checkbox"/> Partially normal / partially synthetic RBCs
<input type="checkbox"/> only artificial RBCs	<input type="checkbox"/> only artificial RBCs
If you have had a blood type antigen test, has your original blood type remained the same or has it changed?	Significant differences between the development of blood samples with and without MB?
<input type="checkbox"/> remained	<input type="checkbox"/> No
<input type="checkbox"/> Changed - from - to? :	<input type="checkbox"/> YES - please describe them:

If you have any other important information, please feel free to share it here:

Please send your evaluation to info@darkfield-enigma.com with your pictures—please label them so that I can identify them.
 THANK YOU!!!!

