



# URINALYSIS

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Leucocytes \_\_\_\_\_

Nitrate \_\_\_\_\_

urobiligen \_\_\_\_\_

Protein \_\_\_\_\_

PH \_\_\_\_\_

Blood \_\_\_\_\_

Special Gravity \_\_\_\_\_

Ketones \_\_\_\_\_

Bilirubin \_\_\_\_\_

Glucose \_\_\_\_\_

Color \_\_\_\_\_

WBC \_\_\_\_\_ Cysis \_\_\_\_\_

RBC \_\_\_\_\_ Wet Prep \_\_\_\_\_

BCT \_\_\_\_\_ Chlamydia \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Provided by: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Lab Staff \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

\_\_\_\_\_