

Ordered Items: **Urinalysis, Complete**

Date Collected:	Date Received:	Date Reported:	Fasting: No
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Urinalysis, Complete

Test	Current Result and Flag	Previous Result and Date		Units	Reference Interval
Urinalysis Gross Exam ⁰¹					
Specific Gravity ⁰¹	1.015	1.013	07/23/2020		1.005-1.030
pH ⁰¹	6.5	5.5	07/23/2020		5.0-7.5
Urine-Color ⁰¹	Yellow	Yellow	07/23/2020		Yellow
Appearance ⁰¹	Clear	Clear	07/23/2020		Clear
WBC Esterase ⁰¹	Negative	Negative	07/23/2020		Negative
Protein ⁰¹	Negative	Negative	07/23/2020		Negative/Trace
Glucose ⁰¹	Negative	Negative	07/23/2020		Negative
Ketones ⁰¹	Negative	Negative	07/23/2020		Negative
Occult Blood ⁰¹	Negative	Negative	07/23/2020		Negative
Bilirubin ⁰¹	Negative	Negative	07/23/2020		Negative
Urobilinogen,Semi-Qn ⁰¹	0.2	0.2	07/23/2020	mg/dL	0.2-1.0
Nitrite, Urine ⁰¹	Negative	Negative	07/23/2020		Negative
Microscopic Examination ⁰¹	Microscopic follows if indicated.				
Microscopic Examination ⁰¹	See below: Microscopic was indicated and was performed.	See below:	07/23/2020		
WBC ⁰¹	None seen	0-5*	07/23/2020	/hpf	0 - 5
RBC ⁰¹	None seen	0-2*	07/23/2020	/hpf	0 - 2
Epithelial Cells (non renal) ⁰¹	None seen	0-10*	07/23/2020	/hpf	0 - 10
Casts ⁰¹	None seen	None seen*	07/23/2020	/lpf	None seen
Bacteria ⁰¹	None seen	Few	07/23/2020		None seen/Few

* Previous Reference Intervals: (WBC: 0 - 5 /hpf), (RBC: 0 - 2 /hpf), (Epithelial Cells (non renal): 0 - 10 /hpf), (Casts: None seen /lpf)

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

▲ Out of reference range ■ Critical or Alert

Performing Labs

01: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD
For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-762-4344

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone:
Account Number:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: