

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Urinalysis, Complete						Tests Ordered
General Comments						

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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Urinalysis, Complete

Urinalysis Gross Exam					01
Specific Gravity	1.026			1.005 - 1.030	01
pH	7.5			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	1.0		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01
Microscopic Examination See below:					01
Microscopic was indicated and was performed.					
WBC	0-5		/hpf	0 - 5	01
RBC	None seen		/hpf	0 - 2	01
Epithelial Cells (non renal)	0-10		/hpf	0 - 10	01
Mucus Threads	Present			Not Estab.	01
Bacteria	None seen			None seen/Few	01

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