

Patient Information	Specimen Information	Client Information
DOB: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS:
Urine Volume (mL) / Duration (HR):

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS MACROSCOPIC				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.013		1.001-1.035	
PH	7.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE		1+	NEGATIVE	

PERFORMING SITE: