

Room Number: _____

Name: _____

Acct. Number: _____

Date of Birth: _____ M F

Physician: _____

Comment: _____

<input type="checkbox"/> URINALYSIS	<input type="checkbox"/> WET PREP	
Appearance:	RBC	TIME:
	WBC	
Color:	Epith	
	Yeast	
Sp. Gravity 1.0 _____	Trichomonas	
pH	Clue Cells	
Protein	Bacteria	
Nitrite	<input type="checkbox"/> GRAM STAIN	
Glucose	Source:	
Ketones	Epith	
Bilirubin	WBC	RECEIVED BY:
Occult Blood	Bacteria	
Urob. EU/dl		
Leukocytes		
MICROSCOPIC		
RBC / HPF	<input type="checkbox"/> Urine Osmolarity	
WBC / HPF		
Epith. / HPF	<input type="checkbox"/> Serum Osmolarity	
Mucus		
Bacteria	<input type="checkbox"/> Urine Preg. Test	
Casts / lpf		
	<input type="checkbox"/> Serum BHCG	URINE
Crystals / lpf		
	<input type="checkbox"/> Quantitative BHCG	BLDC
Amorphous		
Yeast	<input type="checkbox"/> Occult Blood	
Trichomonas	Source:	
<input type="checkbox"/> BLOOD CULTURE		

MISC.

DATE	ORDERED BY	TECH	ID NUMBER
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YOUR HOSPITAL - CITY, STATE
URINALYSIS / MISC.
STAT II