

LABORATORY - URINALYSIS

FORM L10

ID LABEL
HERE --->

| | | | | | | | | | | | |
|--|---|--|--|---|--|--|--|--|---|--|--|
| | - | | | - | | | | | - | | |
|--|---|--|--|---|--|--|--|--|---|--|--|

VISIT #:

FORM COMPLETED BY:

VERSION DATE: **08/15/94**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason 3

_____ (END)
(SPECIFY)

A2. DATE SAMPLE TAKEN:

___ / ___ / ___
M D Y

A3. pH:

- Done 1
- Not Done 2 (A4)

a. RESULT: | | . | | |

A4. PROTEIN:

- NEGATIVE.....1
- TRACE.....2
- 1 +.....3
- 2 +.....4
- 3 +.....5
- 4 +.....6
- Not Done7

WIHS ID#

VISIT #

A5. WBC:
(LEUKOCYTES)

| | |
|----------------|-----|
| NEGATIVE..... | 1 |
| TRACE..... | 2 |
| 1 +..... | 3 * |
| 2 +..... | 4 * |
| 3 +..... | 5 * |
| Not Done | 6 |

*** PROMPT: IF WBC \geq 1+, URINE FOR CULTURE AND SENSITIVITY IS REQUIRED.**

A6. NITRITES:

| | |
|----------------|---|
| NEGATIVE..... | 1 |
| POSITIVE | 2 |
| Not Done | 3 |