

**WOMEN'S INTERAGENCY HIV STUDY (WIHS)
LABORATORY – URINALYSIS
FORM L10**

ID LABEL
HERE --->

____ - ____ - ____ - ____

VISIT #:

FORM COMPLETED BY:

VERSION DATE: **10/01/10**

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

SPECIFY: _____ (END)

A2. DATE SAMPLE TAKEN:

____ / ____ / ____
M D Y

URINALYSIS, MACROSCOPIC

A3. SPECIFIC GRAVITY:

____ . ____

A4. pH:

- Done 1
- Not Done 2 (A5)

a. RESULT: ____

A5. PROTEIN:

- NEGATIVE..... 1
- TRACE..... 2
- 1 +..... 3
- 2 +..... 4
- 3 +..... 5
- 4 +..... 6
- Not Done 7

A6. GLUCOSE:

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

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A7. BLOOD / HEMOGLOBIN

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

A8. WBC / LEUKOCYTE ESTERASE

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

A9. NITRITES:

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

URINALYSIS, MICROSCOPIC

A10. WBC (LEUKOCYTES) / HPF:

- NONE SEEN 1
- 0-5 / HPF 2
- 6-10 / HPF 3
- 10-20 / HPF 4
- 20-40 / HPF 5
- 40-60 / HPF 6
- > 60..... 7
- Packed..... 8
- Not Done 9

A11. RBC / HPF:

- NONE SEEN 1
- 0-3 / HPF 2
- 4-10 / HPF 3
- 10-20 / HPF 4
- 20-40 / HPF 5
- 40-60 / HPF 6
- > 60..... 7
- Packed..... 8
- Not Done 9

A12. SQUAMOUS EPITHELIAL / HPF

- NONE SEEN 1
- 0-5 / HPF 2
- 6-10 / HPF 3
- 10-20 / HPF 4
- 20-27 / HPF 5
- ≥ 28 / HPF 6
- Not Done 7