

LABORATORY - URINALYSIS

FORM L10

ID LABEL
HERE --->

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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