

**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 Done .....7

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