

# Urinalysis Report Form

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Test Date: \_\_\_\_\_ Tester's Initials: \_\_\_\_\_

## Physical Examination

Color:  colorless  yellow  amber  other  
Appearance:  clear  hazy  cloudy  turbid

## Chemical Examination (circle one)

specific gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
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pH	5	6	7	8	9
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leukocytes	neg	trace	+	++
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nitrite	neg	pos	(any pink color is considered positive)			
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protein (mg/dL)	neg	trace	+/30	++/100	+++/500
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glucose (mg/dL)	normal	50	100	250	500	1000
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ketones	neg	+small	++mod	+++large
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urobilinogen (mg/dL)	normal	1	4	8	12
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bilirubin	neg	+	++	+++
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blood (ery/ $\mu$ l)	neg	trace	50	250
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hemoglobin (ery/ $\mu$ l)		10	50	250
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Comments: \_\_\_\_\_

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