

For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

# Routine Urinalysis



DIAGNOSTIC SERVICES  
MANITOBA

SERVICES DIAGNOSTIC  
MANITOBA

Name of physician ordering tests  Clinic name and address  Physician Critical Results Phone Number Phone _____ Fax _____		Patient Name  PHIN  Patient Phone Number Date of Birth  Female <input type="checkbox"/> Male <input type="checkbox"/>  Reference #  Patient demographics checked by MHSC <input type="checkbox"/> armband <input type="checkbox"/> echart <input type="checkbox"/>	
If an additional report is required, please complete the following Name of physician  Clinic name and address  Phone _____ Fax _____		Collection required : Date _____ Time _____  <input type="checkbox"/> MSU <input type="checkbox"/> Random <input type="checkbox"/> Cath	
Revised October 8, 2014			

<input type="checkbox"/> Urinalysis	Normal Reference Range	Results
Glucose	Negative	
Bilirubin	Negative	
Ketone	Negative	
Specific Gravity	1.005 – 1.030	
Blood	Negative	
pH	5.0 – 9.0	
Protein	Negative	
Urobilinogen	3 – 16 umol/L	
Nitrate	Negative	
Leukocytes	Negative	

Microscopic Exam		
White cells	0-2/ hpf	
Red Blood Cells	0-2/ hpf	
Epithelial	Occasional Squamous /hpf	
Mucous	Slight	
Bacteria	Not present	
Cast	Occasional hyaline cast /hpf	
Crystals	Usually not present in freshly voided urine	
Other		

<b>Technologist Initials:</b>	<b>Date &amp; Time Reported:</b>
-------------------------------	----------------------------------