

# Routine Urinalysis



DIAGNOSTIC SERVICES  
MANITOBA

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

<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	

<b>Microscopic Exam</b>		
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>
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