

Routine Urinalysis



DIAGNOSTIC SERVICES
MANITOBA

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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		

Technologist Initials:	Date & Time Reported:
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