

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
pH	5	6	7	8	9		
leukocytes	neg	trace	+	++			
nitrite	neg	pos	(any pink color is considered positive)				
protein (mg/dL)	neg	trace	+/30	++/100	+++/500		
glucose (mg/dL)	normal	50	100	250	500	1000	
ketones	neg	+small	++mod	+++large			
urobilinogen (mg/dL)	normal	1	4	8	12		
bilirubin	neg	+	++	+++			
blood (ery/ μ l)	neg	trace	50	250			
hemoglobin (ery/ μ l)		10	50	250			

Comments: _____
