

Urine Dipstick Medical Mobile Unit: Form D - Patient Result Record Form

Urinalysis C&W Chemstrip 10A								
Patient Name: _____		Date: _____						
Time Collect: _____		Time Test: _____						
Volume: _____ mLs								
Circle: specimen type/color/clarity Specimen Type: midstream- bagged – catheter - other Color: yellow – orange – red – green – blue – brown - other Clarity: clear – cloudy - slightly cloudy – turbid - other								
Read @ (seconds)	Compare reagent area on test strip at specified times to color chart on test strip bottle. Circle result.							
SG	60	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	60			5	6	7	8	9
Leukocytes	60-120	Leucocytes/uL		neg	1+ 10-25	2+ 75	3+ 500	
Nitrite	60			neg	pos			
Protein	60	g/L		neg	1+ 0.3	2+ 1.0	3+ 5.0	
Glucose	60	mmol/L		normal	1+ 2.8	2+ 5.5	3+ 17	4+ 56
Ketones	60	mmol/L		neg	1+ 1.5	2+ 5	3+ 15	
Urobilinogen	60	umol/L		normal	1+ 17	2+ 70	3+ 140	4+ 200
Bilirubin	60	umol/L		neg	1+ 17	2+ 50	3+ 100	
Blood	60	Erythrocytes/uL		neg	1+ 5-10	2+ 25	3+ 50	4+ 250
				intact				
				neg lyzed	1+ 10	2+ 25	3+ 50	4+ 250

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REVISION & APPROVAL LOG

Version	Revision Type	Description of Change	Revision Date	Technical Approval	Medical Approval
1.0		New document	09 Mar 2012	Elvira Kozak	Dr. Cathy Halstead
1.1	Minor	Revision	19 May 2016	Elvira Kozak	
1.2	Minor	Document title and number change. Upload to QMS document control	28 Dec 2016		Dr. Benjamin Jung

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