

MR #

DOB



NAME

BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

POINT OF CARE URINALYSIS
H-8519 9/08;11/12;10/14;2/18 (d:\forms\hosp\ofm)

DATE

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

Test Date: _____ Test Time: _____ Tech Initials: _____

Macroscopic Urinalysis

Test	Reference Range	Result
Color	Yellow	
Gluc.	Neg.	
Bili	Neg.	
Ketones	Neg.	
SpGr	1.003-1.024	
Blood	Neg.	
pH	5-8	
Alb/Protein	Neg.	
Urobili	≤ 1.0	
Nitrite	Neg.	
Leuk	Neg.	
<input type="checkbox"/> Turbid <input type="checkbox"/> Hazy <input type="checkbox"/> Clear <input type="checkbox"/> Void <input type="checkbox"/> CC <input type="checkbox"/> Cath		

Critical Value Reporting

Urine Glucose

Urine Ketone

CV = > 100 mg/dl (Peds/OB only)

CV = > 40 mg/dl (Peds/OB only)

Reported to: _____
(Ordering provider)

Date: _____ Time: _____

Reported by: _____
(Tech Name and Title)

Provider Order
Signature: _____ Provider #: _____ Date: _____ Time: _____

Provider Review
Signature: _____ Provider #: _____ Date: _____ Time: _____