MR # DOB

NAME

DATE

* 1 0 2 1 *

BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

POINT OF CARE URINE, MICROSCOPIC PROVIDER PERFORMED (POC 119)

H-1021 1/13;10/14;3/15;1/18 (d:\forms\hosp\.ofm)

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

_____

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

Urine Microscopic Result:

Parameter	Units	Reference Range	Result
RBC	#/hpf	0-2	
WBCs	#/hpf	<6	
Squamous Epithelium	#/hpf	<6	
Transitional Epithelium	#/hpf	0-3	
Bacteria	None	None	
Crystals	#/hpf	None	
Hyaline Casts	#/lpf	0-2	
All Other Casts	#/lpf	None	

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

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

LABORATORY Point of Care