

LAB TEST RESULTS

PRACTICE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

URINALYSIS

CLARITY:

- Clear
- Hazy
- Cloudy
- Turbid

COLOR:

- Pale Yellow
- Yellow
- Dark Yellow
- Amber
- Other

MULTISTIX:

Leukocytes _____

Nitrates _____

Urobilinogen _____

Protein _____

PH (Normal 4.5-8.5) _____

Blood _____

Specific Gravity
(Normal 1.000-1.025) _____

Ketones _____

Bilirubin _____

Glucose _____

Microalbumin _____

Creatinine _____

SEROLOGY

INFLUENZA A/B

Positive ___ A ___ B Negative

QC PASS

MONO

Positive Negative

QC PASS

STREP A

Positive Negative

QC PASS

URINE HCG

Positive Negative

QC PASS

OTHER WAIVED TESTS

GLUCOSE

_____ 70-110 mg/dl

HGBA1C

_____ 4.0-6.0%

QC PASS

PT/INR

_____ 0.90-1.11

HEMOGLOBIN

_____ Male >18yrs= 13.0-17.0 g/dl

Female >18 yrs= 12.0-15.0 g/dl

Children 2-18 yrs= 11.0-14.0 g/dl

QC PASS

OCCULT BLOOD

_____ NEGATIVE

Medical Assistant: _____

DATE: _____

Physician: _____

DATE: _____