

McLaren Medical Group
WAIVED TEST RESULTS

Office: _____

Date: _____

URINALYSIS DIP AND MICRO:

CLARITY: Clear COLOR: Pale Yellow
 Hazy Yellow
 Cloudy Dark Yellow

CHEMICAL:

LEUKOCYTES: _____
NITRATES: _____
UROBILINOGEN: _____
PROTEIN: _____
pH: _____
BLOOD: _____
SPEC. GRAVITY: _____
KETONES: _____
BILIRUBIN: _____
GLUCOSE: _____
MICROALBUMIN: _____
CREATININE: _____

UCG PREGNANCY: Positive Negative
HEMOCCULT: Positive Negative
INFLUENZA: Positive Negative

MONOSPOT: Positive Negative
H. PYLORI TEST: Positive Negative
STREP A TEST: Positive Negative
RSV: Positive Negative

GLUCOMETER: _____
Enter Reference Range: _____
HEMOGLOBIN A₁C: (Normal: <6.0) _____
Enter Reference Range: _____

HEMOGLOBIN: _____
Enter Reference Range: _____
PT/INR: _____
Enter Reference Range: _____

MEDICAL ASSISTANT: _____
PROVIDER: _____

Date/Time: _____
Date/Time: _____

Patient Name: _____

Date of Birth: _____