



0600000

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**OUTPATIENT POINT OF CARE
LABORATORY TEST REPORT FORM**

OFFICE NAME: Emily Couric Clinical Cancer Center
OFFICE ADDRESS: 1240 Lee Street
Charlottesville, VA 22903
OFFICE PHONE#: 434-924-9333

Date: _____ ICD9CODE: _____

DIPSTICK URINALYSIS: expiration date of dipsticks within limits yes no If NO, a new bottle of dipsticks with appropriate expiration date opened.

Color	Clarity	pH	Sp. Gravity	Protein	Glucose*	Ketone	Bilirubin	Nitrite	Leukocyte Esterase	Blood	Urobilinogen

Clinitest* (patients <2years old)
Source: Random Clean Catch Cath: I&O Foley Condom
Comments: _____ ID: _____ Requested by: _____

FECAL OCCULT BLOOD
MUST IDENTIFY:
 Consecutive Collected Samples (**FOBPOC**)
 Digital Rectal Exam (**FREPOC**)
#1 Patient Result _____
Date Obtained _____
Internal Control Acceptable Yes No
If NO, test must be repeated.
ID _____
#2 Patient Result _____
Date Obtained _____
Internal Control Acceptable Yes No
If NO, test must be repeated.
ID _____
#3 Patient Result _____
Date Obtained _____
Internal Control Acceptable Yes No
If NO, test must be repeated.
ID _____
Requested by: _____

HEMOGLOBIN (HBPOC)
Patient Result _____
ID _____
Requested by: _____

PREGNANCY (UPGPOC)
Patient Result _____
 Positive Negative Invalid
Internal Control Acceptable Yes No
If NO, test must be repeated.
ID _____
Requested by: _____

PT/INR (PTIPOC)
Patient Result _____
 Positive Negative Invalid
Internal Control Acceptable Yes No
If NO, test must be repeated.
Confirmatory required for INR >4.0.
ID _____
Requested by: _____

KOH
MUST IDENTIFY:
 Skin scrapings (**KOHPOC**)
 GYNECOLOGICAL (**KOBPOC**)
(Check all that apply)
 No fungal elements seen
 Fungal elements seen
 Budding yeast forms seen

PROVIDER PERFORMED MICROSCOPY PROCEDURES Requested by: _____ ID _____

MICROSCOPIC URINALYSIS

WBC CELLS	RBC CELLS	CASTS CELLS	EPITHELIAL	CRYSTALS	BACTERIA	OTHER

SALINE WET MOUNTS (WETPOC)
(Check all that apply) (EPP) Epithelial cells noted
 (TRP) Trichomonas noted (CLP) Clue Cells noted
 (BPP) Bacteria noted (WCP) WBC's noted

FERN TEST (FRNPOC)
Neg _____ Pos _____

NITRIZINE PH (NPHPOC)
Result _____

Miscellaneous

Test: _____ Test: _____
Test Result: _____ Test Result: _____

REFERENCE RANGES

TEST	REFERENCE RANGES				UNITS	<u>Dipstick Urinalysis</u>	<u>Microscopic Urinalysis</u>																						
	Male		Female			Yellow-amber and clear pH = 5 - 8 Sp.gr. = 1.001 - 1.030 Protein, glucose, ketone, Bilirubin, nitrite, leukocyte, ester- ase, blood = NEG. urobilinogen = 0.1 - 1.0 Erlich units	WBC = 0 - 1/HPF RBC = 0 - 2/HPF cast = occ hyaline/LPF Normal crystals: Acid pH = amorphous urates, calcium oxalate, triple phosphate, calcium phosphate, calcium carbonate, ammonium biurate																						
HGB	12y 14.0 - 18.0 6y 11.5 - 15.5 1y 10.5 - 13.5 1m 10.0 - 18.0 1d 14.5 - 22.5	12y 12.0 - 16.0 6y 11.5 - 15.5 1y 10.5 - 13.5 1m 10.0 - 18.0 1d 14.5 - 22.5			g/dL																								
HCT	12y 40.0 - 52.0 6y 35.0 - 45.0 1y 33.0 - 39.0 1m 31.0 - 55.0 1d 45.0 - 67.0	12y 35.0 - 47.0 6y 35.0 - 45.0 1y 33.0 - 39.0 1m 31.0 - 55.0 1d 45.0 - 67.0			%																								
<p>Prothrombin Time - Coumadin</p> <p>The optimal therapeutic ranges for the International Normalized Ratio (INR) for patients on oral anticoagulant therapy, according to the American College of Chest Physicians and the National Heart, Lung and Blood Institute (CHEST, volume 108 [supplement], page 231S, 1995), are shown below.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Indication</th> <th style="text-align: center;">INR</th> </tr> </thead> <tbody> <tr> <td>Prophylaxis of venous thromboembolism (high-risk surgery)</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td>Treatment of venous thrombosis</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td>Treatment of pulmonary embolism</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td>Prevention of systemic embolism</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td> Tissue heart valves</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td> Acute myocardial infarction (to prevent systemic embolism)</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td> Valvular heart disease</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td> Atrial Fibrillation</td> <td style="text-align: center;">2.0 - 3.0</td> </tr> <tr> <td>Mechanical prosthetic valves (high risk)</td> <td style="text-align: center;">2.5 - 3.5</td> </tr> <tr> <td>Myocardial infarction (prevention of recurrence)</td> <td style="text-align: center;">2.5 - 3.5</td> </tr> </tbody> </table> <p>Note: The INR is intended for use only for monitoring the degree of anticoagulation in patients receiving oral coumarin derivatives; most commonly Coumadin (warfarin)</p>						Indication	INR	Prophylaxis of venous thromboembolism (high-risk surgery)	2.0 - 3.0	Treatment of venous thrombosis	2.0 - 3.0	Treatment of pulmonary embolism	2.0 - 3.0	Prevention of systemic embolism	2.0 - 3.0	Tissue heart valves	2.0 - 3.0	Acute myocardial infarction (to prevent systemic embolism)	2.0 - 3.0	Valvular heart disease	2.0 - 3.0	Atrial Fibrillation	2.0 - 3.0	Mechanical prosthetic valves (high risk)	2.5 - 3.5	Myocardial infarction (prevention of recurrence)	2.5 - 3.5	<p>Fecal Occult Blood = Negative</p> <p>Saline Wet Mount = Negative</p> <p>KOH = Negative</p> <p>Fern Test = Negative</p> <p>Nitrazine pH ≤ 6.0 Implies Membranes Intact</p> <p>Pregnancy = Negative</p>	
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