



0600000

PLACE LABEL HERE.

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

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

OFFICE NAME: Scott Seaton M.D.
OFFICE ADDRESS: 70 Medical Center Drive, Suite 207
Fishersville, VA 22939
OFFICE PHONE#: 540-332-5870

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: <input type="checkbox"/> SYMPTOMS (<i>FOBPOC</i>) <input type="checkbox"/> NO SYMPTOMS (<i>OBSPOC</i>) #1 Patient Result _____ Date Obtained _____ Internal Control Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. ID _____ #2 Patient Result _____ Date Obtained _____ Internal control Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. ID _____ #3 Patient Result _____ Date Obtained _____ Internal Control Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. ID _____ Requested by: _____ RAPID STREP Patient Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid Internal Control Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. CONFIRMATORY CULTURE Sent to _____ or Sent out <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid Comments: _____ *ID _____ Requested by: _____	COAGULATION Prothrombin Time _____ Patient Results (secs) _____ INR _____ Operator ID _____ Instrument ID _____ Requested by: _____	MONO SCREEN Patient Result _____ Internal Control _____ Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. ID _____ Requested by: _____	PREGNANCY Patient Result _____ Internal Control _____ Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated. ID _____ Requested by: _____	
	HEMOGLOBIN Patient Result _____ ID _____ Requested by: _____	KOH MUST IDENTIFY: <input type="checkbox"/> Skin scrapings (<i>KOHPOC</i>) <input type="checkbox"/> GYNECOLOGICAL (<i>KOBPOC</i>) (<i>Check all that apply</i>) <input type="checkbox"/> No fungal elements seen <input type="checkbox"/> Fungal elements seen <input type="checkbox"/> Budding yeast forms seen	Requested by: _____ ID _____	Requested by: _____ ID _____
	HEMATOCRIT Patient Result: _____ ID _____ Requested by: _____			
	WHOLE BLOOD GLUCOSE Patient Result: _____ Control Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No ID _____ Requested by: _____			

PROVIDER PERFORMED MICROSCOPY PROCEDURES Requested by: _____ ID _____

MICROSCOPIC URINALYSIS							SALINE WET MOUNTS		
WBC	RBC	CASTS	EPITHELIAL CELLS	CRYSTALS	BACTERIA	OTHER	(Check all that apply) <input type="checkbox"/> (EPP) Epithelial Cells noted <input type="checkbox"/> (TRP) Trichomonas noted <input type="checkbox"/> (CLP) Clue Cells noted <input type="checkbox"/> (BPP) Bacteria noted <input type="checkbox"/> (WCP) WBC's noted		

FERN TEST		NITRIZINE PH
Neg	Pos	Result

Miscellaneous

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

REFERENCE RANGES

CBC and Diff					Dipstick Urinalysis	Microscopic Urinalysis
TEST UNITS	REFERENCE RANGES					
	Male		Female			
WBC	12y	4.0 - 11.0	12y	4.0 - 11.0	K/pL	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
	6y	5.0 - 14.5	6y	5.0 - 14.5		
	1y	6.0 - 17.5	1y	6.0 - 17.5		
	1m	5.0 - 19.5	1m	5.0 - 19.5		
	1d	9.4 - 34.0	1d	9.4 - 34.0		
RBC	12y	4.60 - 6.20	12y	4.20 - 5.20	M/pL	
	6y	4.00 - 5.20	6y	4.00 - 5.20		
	1y	3.70 - 5.30	1y	3.70 - 5.30		
	1m	3.00 - 5.40	1m	3.00 - 5.40		
	1d	4.00 - 6.60	1d	4.00 - 6.60		
HGB	12y	14.0 - 18.0	12y	12.0 - 16.0	g/dL	
	6y	11.5 - 15.5	6y	11.5 - 15.5		
	1y	10.5 - 13.5	1y	10.5 - 13.5		
	1m	10.0 - 18.0	1m	10.0 - 18.0		
	1d	14.5 - 22.5	1d	14.5 - 22.5		
HCT	12y	40.0 - 52.0	12y	35.0 - 47.0	%	
	6y	35.0 - 45.0	6y	35.0 - 45.0		
	1y	33.0 - 39.0	1y	33.0 - 39.0		
	1m	31.0 - 55.0	1m	31.0 - 55.0		
	1d	45.0 - 67.0	1d	45.0 - 67.0		
MCV	12y	83.0 - 95.0	12y	83.0 - 95.0	fl	
MCH	12y	28.0 - 32.0	12y	28.0 - 32.0	pg	
MCHC	12y	32.0 - 36.0	12y	32.0 - 36.0	gm/dL	
RDW	12y	11.0 - 14.0	12y	11.0 - 14.0	%	
PLT	12y	150 - 450	12y	150 - 450	K/pL	
Neutrophils (relative)	12y	47 - 82	12y	47 - 82	%	
Neutrophils (absolute)	12y	1.8 - 8.0	12y	1.8 - 8.0	K/pL	
	6y	1.5 - 8.0	6y	1.5 - 8.0		
	1y	1.5 - 8.5	1y	1.5 - 8.5		
Lymphocytes (relative)	12y	15 - 45	12y	15 - 45	%	
Lymphocytes (absolute)	12y	1.0 - 5.0	12y	1.0 - 5.0	K/pL	
	6y	1.5 - 7.0	6y	1.5 - 7.0		
	1y	4.0 - 10.5	1y	4.0 - 10.5		
Monocytes (relative)	12y	2 - 12	12y	2 - 12	%	
Monocytes (absolute)	12y	0.0 - 1.0	12y	0.0 - 1.0	K/pL	
	6y	0.0 - 0.8	6y	0.0 - 0.8		
	1y	0.5 - 1.1	1y	0.5 - 1.1		
Eosinophils (relative)	12y	0 - 6	12y	0 - 6	%	
Eosinophils (absolute)	12y	0 - 0.6	12y	0 - 0.6	K/pl	
	6y	0 - 0.65	6y	0 - 0.65		
	1y	0 - 0.7	1y	0 - 0.7		
Basophils (relative)	12y	0 - 2	12y	0 - 2	K/L	
Basophils (absolute)	12y	0 - 0.2	12y	0 - 0.2	%	
	6y	0 - 0.2	6y	0 - 0.2		
	1y	0 - 0.2	1y	0 - 0.2		
For QBC Analyzer:						
Lymphs + Monos (relative)	12y	17 - 57	12y	17 - 57	%	
Lymphs + Monos (absolute)	12y	1.0 - 6.0	12y	1.0 - 6.0	K/pL	
Grans (relative)	12y	47 - 90	12y	47 - 90	%	
Grans (absolute)	12y	1.8 - 8.8	12y	1.8 - 8.8	K/pL	
					Prothrombin Time - Coumadin 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 (<i>CHEST</i> , volume 108 [supplement], page 231S, 1995), are shown below.	
					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 evaluation	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
					Note: The INR is intended for use only for monitoring the degree of anticoagulation in patients receiving oral coumarin derivatives; most commonly Coumadin (warfarin)	
					Fecal Occult Blood = Negative	
					Gastrocuccult = Negative	
					Mono Screen = Negative	
					Rapid Strep = Negative	
					Confirmatory Culture = Negative	
					Saline Wet Mount = Negative	
					KOH = Negative	
					Fern Test = Negative	
					Nitrazine pH ≤ 6.0 Implies Membranes Intact	
					Pregnancy = Negative	
					Whole Blood Glucose Adult Fasting: 74 - 100 mg/dL Child Fasting: 60 - 100 mg/dL	