



0600000

PLACE LABEL HERE.

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

**EMERGENCY DEPARTMENT POINT OF CARE
LABORATORY TEST REPORT FORM**

OFFICE NAME: Department of Emergency Medicine
OFFICE ADDRESS: 1215 Lee Street
Charlottesville, VA 22906
OFFICE PHONE #: (434) 924-2231

DATE _____ TIME _____

DIPSTICK URINALYSIS: expiration date of dipsticks within limits? Yes No

NOTE: If NO is checked, a new bottle of dipsticks with appropriate expiration date must be opened.

Source (Circle one): Random Clean Catch Cath: I & O Foley Condom

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

Performed by: _____ (Print Name) Requested by: _____ (Signature)

TEST PERFORMED	RESULT	INTERNAL CONTROL	PERFORMED BY:
URINE PREGNANCY (HCG) (UPGPOC) Time: _____		Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated.	Print: _____ Signature: _____ Identify ICD9 Code: <input type="checkbox"/> V72.40 Other ICD9 Code: _____
RAPID STREP (STRPOC) Time: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid If negative, send confirmatory culture to Core Lab	Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated.	Print: _____ Signature: _____ Identify ICD9 Code: <input type="checkbox"/> 462 Other ICD9 Code: _____
FECAL OCCULT BLOOD Time: _____ MUST IDENTIFY <input type="checkbox"/> Consecutive Collected Samples (FOBPOC) <input type="checkbox"/> Digital Rectal Exam (FREPOC)		Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated.	Print: _____ Signature: _____
WHOLE BLOOD GLUCOSE (GLUPOC) Time: _____	_____ mg/dl	Acceptable <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, test must be repeated.	Print: _____ Signature: _____

REFERENCE RANGES

ICD9 CODE _____ Requested by: _____

Dipstick Urinalysis:

Color	Clarity	Glucose	Bilirubin	Ketone	Sp Gravity	Blood	pH	Protein	Urobilinogen	Nitrite	Leukocyte Esterase
Yellow / Amber	Clear	Negative	Negative	Negative	1.005 - 1.030	Negative	5 - 8	Negative	0.1 - 1.0 Erich units	Negative	Negative
Urine Pregnancy (HCG)			Fecal Occult Blood			Rapid Strep			Whole Blood Glucose		
Negative			Negative			Negative			Adult Fasting: 74 - 100 mg/dl Child Fasting: 60 - 100 mg/dl		
ICD9 Code: V72.40 Screen for pregnancy						ICD9 Code: 462 Suspected pharyngitis					