



0600000

PLACE LABEL HERE.

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

OFFICE NAME: Community Medicine UVA, LLC
OFFICE ADDRESS: 2955 Ivy Road, Suite 205
 PO Box 801205
 Charlottesville, VA 22908-1205
OFFICE PHONE#: 434-243-4500

OUTPATIENT POINT OF CARE LAB TEST REPORT FORM

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
 Digital Rectal Exam
 #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
 Patient Result _____
 ID _____
 Requested by: _____

HEMATOCRIT
 Patient Result: _____
 ID _____
 Requested by: _____

WHOLE BLOOD GLUCOSE
 Patient Result: _____
 Control Acceptable Yes No
 ID _____
 Requested by: _____

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

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

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

RAPID STREP
 Patient Result:
 Positive Negative Invalid
 Internal Control Acceptable Yes No
 If NO, test must be repeated.

CONFIRMATORY CULTURE
 Sent to _____ or Sent out
 Positive Negative Invalid
 Comments: _____
 *ID _____
 Requested by: _____

PROVIDER PERFORMED MICROSCOPY PROCEDURES Requested by: _____ ID _____

MICROSCOPIC URINALYSIS

WBC	RBC	CASTS	EPITHELIAL CELLS	CRYSTALS	BACTERIA	OTHER

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

FERN TEST

Neg	Pos

Miscellaneous

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

REFERENCE RANGES

<p>Fecal Occult Blood = Negative</p> <p>Influenza Test = Negative</p> <p>Gastrocult = Negative</p> <p>Rapid Strep = Negative</p> <p>Confirmatory Culture = Negative</p> <p>Saline Wet Mount = Negative</p> <p>KOH = Negative</p> <p>Fern Test = Negative</p> <p>Pregnancy = Negative</p>	<p style="text-align: center;"><u>Dipstick Urinalysis</u></p> <p>Yellow-amber and clear</p> <p>pH = 5 - 8</p> <p>Sp.gr. = 1.001 - 1.030</p> <p>Protein, glucose, ketone, Bilirubin, nitrite, leukocyte, esterase, blood = NEG.</p> <p>urobilinogen = 0.1 - 1.0 Erlich units</p>	<p style="text-align: center;"><u>Microscopic Urinalysis</u></p> <p>WBC = 0 - 1/HPF</p> <p>RBC = 0 - 2/HPF</p> <p>cast = occ hyaline/LPF</p> <p>Normal crystals:</p> <p>Acid pH = amorphous urates, calcium oxalate, triple phosphate, calcium phosphate, calcium carbonate, ammonium biurate</p>
<p>Whole Blood Glucose</p> <p style="padding-left: 20px;">Adult Fasting: 74 - 100 mg/dL</p> <p style="padding-left: 20px;">Child Fasting: 60 - 100 mg/dL</p>		