

# Urinalysis Laboratory Request

Patient Name:

Date of Birth:

Sex:

Date Requested:

Hospital/Clinic:

Patient ID / Record No.:

Requesting Physician:

Department:

## Clinical Information / Indication

## Urinalysis Parameters

Parameter	Requested	Parameter	Requested
Color		Protein	
Transparency		Glucose	
Specific Gravity		Pus Cells	
pH		RBC	
Leukocyte Esterase		Casts	
Nitrite		Crystals	
Bilirubin		Bacteria	
Urobilinogen		Others	

## Notes / Remarks

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Physician's Signature

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Received By