

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

Physician's Signature

Received By