

MICHIGAN MEDICINE

Pathology – Point of Care Testing

Chemstrip 10 Manual Urinalysis Patient Result

MRN:

NAME:

BIRTHDATE:

CSN:

NOT A MEDICAL RECORD DOCUMENT

| | | |
|-------------------------------------------|----------------------|------------------------------------|
| Test Performed by: _____ (Name) | _____ (Date/Time) | Date of Service, Ordering Provider |
| | | Patient Name |
| | | Patient MRN, DOB |
| | | Patient Sex, Age, CSN |

| Urinalysis (Chemstrip 10 with SG) | | | | | | | |
|------------------------------------------|--------|---------|-------------|--------------|----------|-----------|-------|
| Specific Gravity | 1.000 | 1.005 | 1.010 | 1.015 | 1.020 | 1.025 | 1.030 |
| pH | 5 | 6 | 7 | 8 | 9 | | |
| Leukocytes | Neg | Trace | 1+ | 2+ | | | |
| Nitrate | Neg | Pos | | | | | |
| Protein | Neg | Trace | 1+ | 2+ | 3+ | | |
| Glucose | Normal | 50mg/dL | 100mg/dL | 250mg/dL | 500mg/dL | 1000mg/dL | |
| Ketones | Neg | 1+ | 2+ | 3+ | | | |
| Urobilinogen (mg/dL) | Normal | 1 | 4 | 8 | 12 | | |
| Bilirubin | Neg | 1+ | 2+ | 3+ | | | |
| Blood | Neg | Trace | About 50/ul | About 250/ul | | | |

Order and result in MiChart under **Urine Screen, Point of Care (NON-CLINITEK)**