## MICHIGAN MEDICINE

Pathology – Point of Care Testing

## **PPM POC Patient Result Form**

MRN:
NAME:
BIRTHDATE:
CSN:

## NOT A MEDICAL RECORD DOCUMENT

Physician Name:	Pager#:
Collection Date:/ Time:AM/PM	

Performed by : \_\_\_\_\_Ordered/Resulted in MiChart: Y N

Test CIRCLE RESULT – (#) = MiChart number associated with result.						ılt.	
KOH (Skin or Vaginal) Fungal Elements	Negative (20)	Inc	determina	ate (30)	Positiv	ositive (10)	
рН		` '	.0 (66) .0 (99)	6.5 (6) See comm	7.0 (77) ent (100)	7.5 (7)	
Wet Prep	Clue Cells: Fungal Elemen Trichomonas:	ts: Negati	ve (20) ve (20) ve (20)	Indetermina Indetermina Indetermina	te (30) P	ositive (10) ositive (10) ositive (10)	
Scabies (Sarcoptes Scabiei, Eggs, Scybala) (Free text <i>each</i> result)	Negative Positive (mites, eggs, or fecal pellets present)					nt)	
Demodex (Free text result)	Negative: (no evidence of Demodex mites) Positive: (identification of Demodex mites present)						
Semen Analysis (post-vas) (Free text result)	Negative (no sperm present)  Positive (sperm present)						
Enterobius Vermicularis (pinworm)	Negative (no pi	nworm preser	nt)	Positive (pir	nworm prese	ent)	
Fern Testing	Negative (20) Indeterminate (30)			Positive, Ferning present (10)			
Urine Sediment:  Normal (0-3 cells) (1) Few (4-10 cells) (2) Moderate (11-50 cells) (3) Many (>50 cells) (4)	RBC/hpf: WBC/hpf: Bacteria/hpf: Epithelial/lpf:	Normal Normal Negative Normal	Few	Moderat Moderat eterminate Modera	e Man	y sitive	
Footnote (5)  Other: Yeast, Trichomonas, Mucus, Crystals, Casts -Footnote: add additional elements in 'comment' field in MiChart					art		

Sent to Pathology Laboratory for confirmation testing: Ye	Sent 1	to	Pathology	/ Laborator	v for	confirmation	testina:	Yes
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Date ordered and sent: \_\_\_\_\_

The patient result form must be kept locally for 2 years