

<b>MICHIGAN MEDICINE</b> Pathology – Point of Care Testing <b>Clinic POC Patient Result Form for Crystals</b>	MRN: NAME: BIRTHDATE: CSN:
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NOT A MEDICAL RECORD DOCUMENT

<b>Physician Name:</b> _____ <b>Pager#:</b> _____ <b>Collection Date:</b> ___/___/_____ <b>Time:</b> _____AM/PM
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**Provider Performed Microscopy:    Circle below.**

**Crystals present**

**No Crystal Present**

**Crystal Analysis, Synovial Fluid:**

**Monsodium Urate (MSU)**

**Calcium Pyrophosphate Dihydrate (CPPD)**

**Cholesterol Crystal**

**Crystal, Not Otherwise Specified**

**Hematin/Hematoidin crystal**

**Control slide acceptable:    Y or N**

Performed by: \_\_\_\_\_ Ordered/Resulted in MiChart:    Y or N

**Fill out Patient Information, Provider Information, and Performed by. Circle result(s), control result(s), and completion of MiChart.**

**Save Patient Results Worksheet Locally for 2 Years**