

<p>MICHIGAN MEDICINE</p> <p>Pathology – Point of Care Testing</p> <p>Manual POC UA Patient Result Form</p>	<p>MRN:</p> <p>NAME:</p> <p>BIRTHDATE:</p> <p>CSN:</p>
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NOT A MEDICAL RECORD DOCUMENT

Physician Name/Pager#: _____ Pager#: _____
Test Performed by: _____
Collection Date: ___/___/_____ Time: _____AM/PM

Urinalysis (Multistix 10 SG)

Glucose mg/dL	Neg	100	250	500	1000	2000 or more	
Bilirubin	Neg	Small/+	Moderate/++	Large/+++			
Ketones mg/dL	Neg	Trace/5	Small/15	Moderate/40	Large/80	Large/160	
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
Blood	Neg	Hemolyzed Trace	Hemolyzed Moderate	Hemolyzed Trace	Small/+	Moderate/++	Large/+++
pH	5.0	6.0	6.5	7.0	7.5	8.0	8.5
Protein	Neg	Trace	30/+	100/++	300/+++	2000 or more ++++	
Urobilinogen mg/dL	0.2	1	2	4	8		
Nitrite	Neg	POS					
Leukocytes	Neg	Trace	Small/+	Moderate/+++	Large/+++		

Enter Result in MiChart: POC Urinalysis Siemens (Manual Entry)