

# Chemstrip® Urinalysis Report Form

Patient Name \_\_\_\_\_

Patient ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

M

F

Physician's Name \_\_\_\_\_

Collection Date    /    /

Time Collected \_\_\_\_\_

a.m.

p.m.

Test Date    /    /

Operator ID# \_\_\_\_\_

Tester's Initials \_\_\_\_\_

## Physical Examination

**Color**

Colorless

Light Yellow

Dark Yellow

Amber

Other \_\_\_\_\_

**Appearance**

Clear

Hazy

Cloudy

Turbid

**Mucus**

Yes

No

## Chemical Examination (circle one for each test)

|   |        |         |   |            |         |       |       |
|---|--------|---------|---|------------|---------|-------|-------|
| <b>Specific Gravity</b>                           | 1.000  | 1.005   | 1.010                                   | 1.015      | 1.020   | 1.025 | 1.030 |
| <b>pH</b>   | 5      | 6       | 7                                       | 8          | 9       |       |       |
| <b>Leukocytes</b>                                 | neg    | trace   | +                                       | ++         |         |       |       |
| <b>Nitrite</b>                                    | neg    | pos     | (any pink color is considered positive) |            |         |       |       |
| <b>Protein (mg/dL)</b>                            | neg    | trace   | +/30                                    | ++/100     | +++/500 |       |       |
| <b>Glucose (mg/dL)</b>                            | normal | 50      | 100                                     | 250        | 500     | 1000  |       |
| <b>Ketones</b>                                    | neg    | +/small | ++/mod                                  | +++ /large |         |       |       |
| <b>Urobilinogen (mg/dL)</b>                       | normal | 1       | 4                                       | 8          | 12      |       |       |
| <b>Bilirubin</b>                                  | neg    | +       | ++                                      | +++        |         |       |       |
| <b>Blood (Ery/μL)</b><br>Hemoglobin from (Ery/μL) | neg    | [ trace | about 50                                | about 250  |         |       |       |
|   | trace  |         | about 50                                | about 250  |         |       |       |

**Comments:** \_\_\_\_\_

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