

CONSULT DIAGNOSTICS ITEM 506 URINALYSIS RESULTS

Patient: _____

Date: _____ Time: _____

	Negative	±	+	++	+++	++++
Blood RBC/ μ L	<input type="checkbox"/>	non-hemolysis →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		hemolysis →	10	50	250	

Bilirubin mg/100mL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			0.5	1.0	3.0	

Urobilinogen mg/100mL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0.1(±)	← normal →	1	4	8	12

Ketones mg/100mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	10	50	100	

Protein mg/100mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		10	30	100	300	1000

Nitrite	<input type="checkbox"/>		<input type="checkbox"/>			
			pos.			

Glucose mg/100mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		100	250	500	1000	2000+

pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	6	7	8	9

Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1.000	1.005	1.010	1.020	1.025

Leukocytes WBC/ μ L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			25	75	500

BioSys Laboratories, Inc.
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