

Urine Microscopy Form

PATIENT INFORMATION	
Last Name	First Name
Date of Birth	MRN

ORDER INFORMATION	
Ordering Provider	Performed By
Documented By	Performing Location
Date Performed	Time Performed

POC RESULTS	
WBC/ HPF	<input type="checkbox"/> None <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-40 <input type="checkbox"/> Greater than 40
RBC/HPF	<input type="checkbox"/> None <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-40 <input type="checkbox"/> Greater than 40
Epithelial Cells	<input type="checkbox"/> Negative <input type="checkbox"/> Few <input type="checkbox"/> Many
Bacteria	<input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <input type="checkbox"/> Greater than 4+
Crystals	<input type="checkbox"/> Negative <input type="checkbox"/> Few <input type="checkbox"/> Many
Yeast	<input type="checkbox"/> Negative <input type="checkbox"/> Trace <input type="checkbox"/> Positive
WBC Casts/LPF	<input type="checkbox"/> None <input type="checkbox"/> 0-6 <input type="checkbox"/> 6-20 <input type="checkbox"/> Greater than 20
RBC Casts/LPF	<input type="checkbox"/> None <input type="checkbox"/> 0-6 <input type="checkbox"/> 6-20 <input type="checkbox"/> Greater than 20
Hyaline Casts/ LPF	<input type="checkbox"/> None <input type="checkbox"/> 0-3 <input type="checkbox"/> Greater than 3
Granular Casts/LPF	<input type="checkbox"/> None <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-3 <input type="checkbox"/> Greater than 3