



Department of Pathology and Clinical Laboratories
Point of Care Testing
Chemstrip 10 Manual Urinalysis Patient Result Form

Test Performed by: _____ (Name)	_____ (Date/Time)	Date of Service, Ordering Provider Patient Name Patient MRN, DOB Patient Sex, Age, CSN	Attach Patient Demographics Label (at least 2 patient identifiers)

Urinalysis (Chemstrip 10 with SG)							
Specific Gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030
pH	5	6	7	8	9		
Leukocytes	Neg	Trace	1+	2+			
Nitrite	Neg	Pos					
Protein	Neg	Trace	1+	2+	3+		
Glucose	Normal	50 mg/dL	100 mg/dL	250 mg/dL	500 mg/dL	1000 mg/dL	
Ketones	Neg	1+	2+	3+			
Urobilinogen (mg/dL)	Normal	1	4	8	12		
Bilirubin	Neg	1+	2+	3+			
Blood	Neg	Trace	about 50 /ul	about 250 /ul			

Order and result in MiChart under **Urine Screen, Point of Care (NON-CLINITEK)**.
 The patient result form must be kept for 2 years.