SAN BERNARDINO COUNTY PUBLIC HEALTH LABORATORY
799 E. RIALTO AVE., SAN BERNARDINO, CA 92415-0011
CLINICAL TECHNOLOGY

Rev. 9/2010

Patient Name and Birth Date/ Label

☐ HIV PROGRAM
☐ CLINIC OPERATIONS
☐ OTHER:_____

☐ **URINALYSIS DIPSTICK**		☐ **URINALYSIS MICROSCOPIC**						
CLARITY		WBC	/hpf					
COLOR		RBC	/hpf					
GLUCOSE		BACTERIA	/hpf					
BILIRUBIN		EPITHELIAL CELLS	/lpf					
KETONE		CRYSTALS	/hpf					
SPECIFIC GRAVITY		CASTS	/lpf					
BLOOD		OTHER	/hpf					
pH		☐ **WET MOUNT**	**Neg**	**Few**	**1+**	**2+**	**3+**	**4+**
PROTEIN		WBC						
UROBILINOGEN		RBC						
NITRITE		BACTERIA						
LEUKOCYTES		CLUE CELLS						
		EPITHELIAL CELLS						
		YEAST	NEGATIVE			POSITIVE		
☐ **HCG (URINE PREGNANCY TEST)** ☐ POSITIVE ☐ NEGATIVE		TRICHOMONAS	NEGATIVE			POSITIVE		

COMMENTS:

Date:_____ Initials:_____ Date Stamp:

CLINICAL TECHNOLOGY REFERENCE VALUES:

URINALYSIS MICROSCOPIC

CLARITY	clear or hazy
COLOR	shades of yellow/amber
GLUCOSE	negative
BILIRUBIN	negative
KETONE	negative
SPECIFIC GRAVITY	1.005 - 1.030
BLOOD	negative
pH	5.0 - 8.5
PROTEIN	negative
UROBILINOGEN	0.2 - 1.0 Ehrlich u.
NITRITE	negative
LEUKOCYTES	negative

URINALYSIS DIPSTICK

WBC	0 - 5/hpf
RBC	0 - 2/hpf
EPITHELIAL CELLS	occasional/lpf
BACTERIA	few/hpf
CRYSTALS	few normal/hpf
CASTS	few hyaline/lpf

WET MOUNT

WBC	0 - 1+
RBC	negative
BACTERIA	0 - 2+
CLUE CELLS	0 - 1+
EPITHELIAL CELLS	any amount
YEAST	negative
TRICHOMONAS	negative