DiaScreen®

Patient Name: _____

Age: _____ ☐ M ☐ F

Physician's Name: _____

Collection Date: _____ Test Date: _____ Tester's Initials: _____

Physical Characteristics:

Color: ☐ colorless ☐ yellow ☐ amber ☐ other ☐ orange ☐ green ☐ red

Appearance: ☐ clear ☐ hazy ☐ cloudy ☐ turbid

Chemical Measurements: (circle one)

urobilinogen (mg/dL)	normal	2	4	8			
glucose (mg/dL)	neg	50	100	250	500	1000	
ketone (mg/dL)	neg	trace/5	+/15	++/40	+++/80	++++/160	
bilirubin	neg		+	++	+++		
protein (mg/dL)	neg	trace	+/30	++/100	+++/300	++++/2000	
nitrite	neg	pos	(any pink color is considered positive)				
leukocytes	neg	trace	+	++	+++		
blood	neg	trace (Non Hemolyzed)	moderate	trace (Hemolyzed)	+/small	++/mod	+++/large
pH		5	6	6.5	7	8	9
specific gravity	1.000	1.005	1.010	1.015	1.020	1.025	1.030

Microscopic Examination:

WBC _____ /HPF Crystals _____ Parasites _____

RBC _____ /HPF Bacteria _____ Spermatozoa _____

Casts _____ /LPF Yeast _____ Artifacts _____

Epithelial Cells _____ /HPF Other _____

Comments:

_____

_____

_____

_____

Urinalysis Report Form

arkray

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