

<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> ✖ Logo </div>	Urinalysis	{visit.label}
		ID: {ID}

1. Date of collection for urinalysis: / /
Day Month Year

Urine Dipstick Chemical Analysis

2. Is the subject menstruating? (URIN:MENSES) No (URIN:MENSES) Yes (URIN:MENSES) Not Applicable (male subject)

3. pH:

4. Specific Gravity:

For items 5-7, if dipstick result is positive, record code and/or value

Test	Dipstick Results	Code	Value
5. Glucose	<input type="checkbox"/> (URIN:GLU) Negative <input type="checkbox"/> (URIN:GLU) Positive	<input type="checkbox"/> (URIN:GLUCODE) Trace <input type="checkbox"/> (URIN:GLUCODE) 1+ <input type="checkbox"/> (URIN:GLUCODE) 2+ <input type="checkbox"/> (URIN:GLUCODE) 3+ <input type="checkbox"/> (URIN:GLUCODE) 4+	<input type="text" value="URIN:GLUVAL"/> mg/dL
6. Protein (Proteinuria)	<input type="checkbox"/> (URIN:PRO) Negative <input type="checkbox"/> (URIN:PRO) Positive	<input type="checkbox"/> (URIN:PROCODE) Trace <input type="checkbox"/> (URIN:PROCODE) 1+ <input type="checkbox"/> (URIN:PROCODE) 2+ <input type="checkbox"/> (URIN:PROCODE) 3+ <input type="checkbox"/> (URIN:PROCODE) 4+	<input type="text" value="URIN:PROVAL"/> mg/dL
7. Blood	<input type="checkbox"/> (URIN:BLD) Negative <input type="checkbox"/> (URIN:BLD) Positive	<input type="checkbox"/> (URIN:BLDCODE) Trace <input type="checkbox"/> (URIN:BLDCODE) 1+ <input type="checkbox"/> (URIN:BLDCODE) 2+ <input type="checkbox"/> (URIN:BLDCODE) 3+ <input type="checkbox"/> (URIN:BLDCODE) 4+	<input type="text" value="URIN:BLDVAL"/> Ery/ μ L

Microscopic Exam

8. Was microscopic exam performed? (URIN:MICROYN) No (URIN:MICROYN) Yes

If **Yes**, complete the following:

RBC: (URIN:RBC) (URIN:RBC) (URIN:RBC) (URIN:RBC) (URIN:RBC) #/HPF
0-5 5-10 10-25 25-50 50+

