

Urine Test Report

Patient Information:

- **Name:** [Patient Full Name]
- **Age:** [Patient Age]
- **Gender:** [Male/Female/Other]
- **Patient ID:** [Patient ID or Registration No.]
- **Date of Birth:** [Patient DOB]
- **Report Date:** [Date of Report]
- **Doctor:** [Doctor's Name & Specialty]

Test Information:

- **Test Name:** Urine Analysis
- **Test Date:** [Test Date]
- **Lab/Center:** [Lab Name or Center Address]
- **Sample Collected by:** [Technician Name]
- **Sample Collection Date:** [Sample Collection Date]
- **Sample ID:** [Sample Identification Number]

Physical Examination:

Parameter	Result	Normal Range	Units
Color	[Result Value]	Light yellow	
Appearance	[Result Value]	Clear	
Specific Gravity	[Result Value]	1.005-1.030	
pH	[Result Value]	4.5-8.0	
Volume	[Result Value]	[As per sample]	mL

Chemical Examination:

Parameter	Result	Normal Range	Units
Protein	[Result Value]	Negative	mg/dL
Glucose	[Result Value]	Negative	mg/dL
Ketones	[Result Value]	Negative	mg/dL
Blood	[Result Value]	Negative	
Bilirubin	[Result Value]	Negative	mg/dL
Urobilinogen	[Result Value]	0.2-1.0	mg/dL
Nitrites	[Result Value]	Negative	
Leukocyte Esterase	[Result Value]	Negative	

Microscopic Examination:

Parameter	Result	Normal Range	Units
RBCs	[Result Value]	0-2	/HPF
WBCs	[Result Value]	0-5	/HPF
Epithelial Cells	[Result Value]	0-5	/HPF
Casts	[Result Value]	None/Occasional Hyaline	
Crystals	[Result Value]	None	
Bacteria	[Result Value]	None	
Yeast Cells	[Result Value]	None	
Mucus	[Result Value]	None	

Impression:

- [Interpretation of the results, e.g., "Normal," "Urinary tract infection suspected," "Presence of blood," etc.]

Recommendations:

[Further tests, follow-up consultation with the doctor, or lifestyle/dietary changes if necessary.]

Technician Signature: [Signature]

Doctor Signature: [Signature]

Lab Stamp & Approval: [Stamp]