

Hosp. No.

NHIS No:

UNIVERSITY OF LAGOS
MEDICAL CENTRE
URINALYSIS

Lab No

Surname:

Other Names

Age:

Sex:

Staff/Student

Telephone (GSM)

Telephone (Office)

Clinician

Clinical Summary and Diagnosis

Material

Ward/Dept

Date of Request:

Signature of Doctor:

Reports (For Laboratory Use Only)

Colour and Appearance

Nitrite:

Reaction (Ph)

Specific Gravity:

Protein:

Ascorbic Acid:

Reducing Substances (Sugar)

Billirubin:

Ketone Bodies:

Urobilinogen:

Blood:

MICROSCOPY:

Epithelial Cells: Pus Cells/HPF: RBCs/hpf

Bacteria: Crystals: Casts:

Yeasts Cells Trichomonas Vaginalis:

S.Haematobium: Amorphous Debris:

Spermatozoa: Amorphous Crystals:

Sample Collected by

Received by

Logged by

Date: Time:

Date: Time:

Date: Time:

Medical Laboratory Scientist/Date