Medical Laboratory Technology
URINALYSIS REPORT FORM
Recording and Verification of Results

Student Name _____

Patient #	Color	Appearance	SG	Leukocytes	Nitrite	Ph	protein	Glucose	Ketones	Urobilinogen	Bilirubin	Blood	WBC	RBC	Squamous Cells	Bacteria	Mucous	Casts & Crystals	Date	**Technician**	A / U	**Preceptor Initials and comments if "U" given"**
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