

no - 756695 0760712



Addis Ababa City Administration Health Bureau
Yeka Sub City Veterans Memorial Health Center
Laboratory

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Urinalysis Test Request and Report Form

Urgent ☐

Equipment SN:

Testing will not be performed unless a request form is completely filled out. Please fill clearly for accuracy

Patient Name	Getachew Mengesha	Date and Time	12/11/15
Card No	03126	Sex	F
Address	W-1	Age	32
Phy. Name	Dr. Y	OPD No	1004
Clinical information		OPT	☒
		IPT	☐

Lab. Tests	Result	SI Unit	Reference Range	Lab. test	Result	Reference Range	TAT		Remark
							IN	Out	
Urinalysis				Microscopic Exam					
Physical Examination									
Color			Yellow	WBC		0-4/HPF			
Appearance			Clear	RBC		0-3/HPF			
Chemical Test				Wpeth. Cell		2-4/LPF			
Blood	Erth/lu		Neg	Casts		0/LPF			
Bilirubin	Mg/DI		Neg	Bacteria		0-2/HPF			
Uro- bilinigen	Umol/I		01-0.2	Parasite		0/HPE			
Keton	Mg/DI		Neg	Other		0/LPF			
Glucose	Mg/DI		Neg						
Protein	Mg/DI		Neg						
Nitrit			Neg						
Leukocyte	Cells/HPE		Neg						
PH			5-8						
Specific gravity			005-1.025						
Pregnancy test									

Comment:

Performed by:

Reviewed by:

Sig

Sig

Date

Date

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