



MANUAL REPORT FORM	<b>UCSC STUDENT HEALTH CENTER UNIVERSITY OF CALIFORNIA 1156 HIGH ST SANTA CRUZ, CA 95064 831-459-2492</b>
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Patient Name: \_\_\_\_\_ Manual Accession Number: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Staff Performing Testing: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date/Collection \_\_\_\_\_ Phleb Initials \_\_\_\_\_ Comments \_\_\_\_\_

Place Piccolo Tape Here	Place Piccolo Tape Here
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TEST	RESULTS	REFERENCE RANGE
<b>Urinalysis:</b>		
Appearance		Clear
Color		Yellow
pH		5 to 9
Specific Gravity		1.001 to 1.035
Leukocytes		Negative
Nitrites		Negative
Protein		Negative
Glucose		Negative
Ketone		Negative
Urobilinogen		Normal to 1.0 mg/dl
Bilirubin		Negative
Blood		Negative

Date and Time of Collection \_\_\_\_\_ Phleb Initials \_\_\_\_\_  
 Comments \_\_\_\_\_