

Patient Information

Name: NameFirst NameLast
DOB: 1990.12.07
Gender: M
Medical Record Number: #####
Address: 1 Post, Irvine, California, 92618
Phone Number: 123-456-7890

Specimen Information

Accession Number: UATEST-001
Date Collected: 2023.01.04
Date Received: 2023.01.05
Report Date: 2023.01.05
Sample Type: Urine

Physician Information

Facility Name: Hospital Name
Provider Name: Dr. John Doe
Address: 1 Post, Irvine, CA, 92618

Panel: Urinalysis

Test(s)	Results
Blood	Trace-intact
Leukocyte esterase	Trace

Panel: Urine Microscopy

Test(s)	Results
Leukocytes(WBC)/HPF	3-5

Original Results

Panel: Urinalysis

Test(s)	Results	Reference
Color	Yellow	Yellow
Clarity/Appearance	Clear	Clear
Glucose	Negative	Negative
Bilirubin	Negative	Negative
Ketone	Negative	Negative
Specific Gravity	1.020	1.005 – 1.025
Blood	Trace-intact	Negative
pH	5.5	5.0 – 7.5
Protein	Negative	Negative
Urobilinogen	0.2 E.U./dl	0.2 – 1.0 EU/dL
Nitrite	Negative	Negative
Leukocyte esterase	Trace	Negative

Panel: Urine Microscopy

Test(s)	Results	Reference
Bacteria	None	None-Few/HPF
Casts	None	None-Light/HPF
Crystals	None	None-Light/Hpf
Epithelial Cells/HPF	0.2	0-2/HPF
Leukocytes(WBC)/HPF	3-5	0-2/HPF

The information contained in this report is intended to be interpreted by a licensed physician or other licensed healthcare professional. This report is not intended to take the place of professional medical advice. Decisions regarding use of prescribed medications must be made only after consulting with a licensed physician or other licensed healthcare professional, and should consider each patient's medical history, and current treatment regimen.

Patient Information

Name: NameFirst NameLast
DOB: 1990.12.07
Gender: M
Medical Record Number: #####
Address: 1 Post, Irvine, California, 92618
Phone Number: 123-456-7890

Specimen Information

Accession Number: UATEST-001
Date Collected: 2023.01.04
Date Received: 2023.01.05
Report Date: 2023.01.05
Sample Type: Urine

Physician Information

Facility Name: Hospital Name
Provider Name: Dr. John Doe
Address: 1 Post, Irvine, CA, 92618

Test(s)	Results	Reference
Red Blood Cells/HPF	0-2	0-2/HPF

Disclaimer: The laboratory is regulated under Clinical Laboratory Improvement Amendments (CLIA) of 1988 as qualified to perform high complexity clinical testing and is accredited by College of American Pathologists (CAP).

The information contained in this report is intended to be interpreted by a licensed physician or other licensed healthcare professional. This report is not intended to take the place of professional medical advice. Decisions regarding use of prescribed medications must be made only after consulting with a licensed physician or other licensed healthcare professional, and should consider each patient's medical history, and current treatment regimen.

This report, associated with order #UATEST-001, has been approved by the following reviewers:

Comment: None

Approved by:

The information contained in this report is intended to be interpreted by a licensed physician or other licensed healthcare professional. This report is not intended to take the place of professional medical advice. Decisions regarding use of prescribed medications must be made only after consulting with a licensed physician or other licensed healthcare professional, and should consider each patient's medical history, and current treatment regimen.