

BAKER PLACE
5050 Ames Avenue, Omaha, NE 68104
RESPECT CLINIC LAB TEST RESULTS FORM

Patient Name _____
Medical Record # _____
Date of Birth _____

Date: _____

TEST	NORMAL	ABNORMAL
<input type="checkbox"/> Pregnancy	Negative	Positive
<input type="checkbox"/> Urine Dipstick:		
Glucose (mg/dl)	Negative	100 250 500 >=1000
Bilirubin	Negative	Small Moderate Large
Ketones (mg/dl)	Negative	Trace 15 40 >=80
Specific Gravity	(Normal = 1.003-1.035)	<=1.005 1.010 1.015 1.020 1.025 >=1.030
Blood	Negative	Trace-Lysed Trace-Intact Small Moderate Large
pH	(Normal = 4.5-8.0)	5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 >=9.0
Protein (mg/dl)	Negative	Trace 30 100 >=300
Urobilinogen (mg/dl)	0.2 1.0	2.0 4.0 >=8.0
Nitrite	Negative	Positive
Leukocyte Esterase	Negative	Trace Small Moderate Large
Color	Yellow	Orange Red Green Blue Brown (May Be Preceded By Lt Or Dk)
Appearance	Clear Hazy	Cloudy Turbid
<input type="checkbox"/> Wet Prep ¹	Negative pH 3.8-4.5	Clue Cells Yeast Trichomonas Positive Whiff Test pH ² _____ Other:

¹Wet prep is performed by provider, and its results are recorded in progress note by provider.

² Perform vaginal pH before addition of saline.