

**FORM 06: URINALYSIS FORM****Study Visits****PATIENT ID#:** \_\_\_\_**PATIENT INITIALS:** \_\_\_\_**DAY NUMBER:** \_\_\_\_**Center:** \_\_\_\_\_**Form completed by:** \_\_\_\_\_**Date assessment completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

URINALYSIS		A. Value					B. CS?*	C. COMMENTS
							1=Yes,Excludes 2=Yes, does not exclude 3=No 9=Not done	Provide comments for any abnormal value.
1. Specific Gravity			●					
2. pH					●			
3. Glucose	<input type="checkbox"/> neg <input type="checkbox"/> trace <input type="checkbox"/> present							
4. Protein	<input type="checkbox"/> neg <input type="checkbox"/> trace <input type="checkbox"/> present							
5. Ketones	<input type="checkbox"/> absent <input type="checkbox"/> trace <input type="checkbox"/> present							
6. Occult Blood	<input type="checkbox"/> absent <input type="checkbox"/> present <sup>†</sup> <sup>†</sup> If present, evaluate WBC, RBC, and epithelial cells below:							
7. WBC	<input type="checkbox"/> none <input type="checkbox"/> few (1-5) <input type="checkbox"/> mod (6-10) <input type="checkbox"/> heavy (>10)							
8. RBC	<input type="checkbox"/> none <input type="checkbox"/> few (1-5) <input type="checkbox"/> mod (6-10) <input type="checkbox"/> heavy (>10)							
9. Epithelial Cells	<input type="checkbox"/> none <input type="checkbox"/> few (1-5) <input type="checkbox"/> mod (6-10) <input type="checkbox"/> heavy (>10)							

**\*Column B****CS = Clinically significant abnormality**