

Urine Report Form	
Laboratory Name:	Laboratory No:
Specimen No:	Source/Site:
Date Specimen Received:	Date Specimen Reported:
<p>Comments (check all that apply)</p> <p><input type="checkbox"/> This laboratory does not process specimens of this type.</p> <p><input type="checkbox"/> This sample would normally be submitted to another laboratory for additional investigation.</p> <p><input type="checkbox"/> This laboratory only receives urine samples transported on dip slides.</p> <p><input type="checkbox"/> Isolation Precaution: infection control, ward or designate would normally be notified.</p> <p><input type="checkbox"/> A notification to Public Health would normally be submitted.</p>	
Other Comments (please specify):	
<p>Please Note:</p> <ol style="list-style-type: none"> 1. For ALL urine samples, provide the EXACT wording your laboratory would include in a final clinical report for this urine sample. This may include, free text comment, microbial identification, or both or none. 2. If organism identification is applicable, please note the method below. 3. If susceptibilities are to be reported, record them using the CMPT Susceptibility Testing Results Form (CMPT02/E/10/2009). Only report susceptibility results that would be reported if this were a true clinical sample. 	
Urine Colony Count (cfu/L):	
Final Clinical Report (please use EXACT wording):	
Identification Method(s):	
Signature:	Date: