

30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

LOCAL LABORATORY RESULTS

This form is to be filled out by the clinician whenever a blood sample, urine sample, or other test is done for local analysis.

1. SHEP ID: 22-23 (3) 24-27 (4) 28-29 (5) 41-46 (6)

3. Date of clinic visit: (7) 36 37 38 39 34 35 47-48 (8)

5. Date form is filled out (within 24 hours of receiving lab results): (9) 51 52 53 54 49 50

6. Blood results: 1 Not done (10)

56 (11) a. 1 Potassium 57-58 (12) b. . mEq/l

59 (13) c. 1 Uric acid 60-62 (14) d. . mg/dl

63 (15) e. 1 Creatinine 64-66 (16) f. . mg/dl

67 (17) g. 1 Glucose 68-71 (18) h. mg/dl

72 (19) i. 1 Sodium 73-75 (20) j. mEq/l

76 (21) k. 1 Cholesterol 77-80 (22) l. mg/dl

81 (23) m. 1 BUN 82-84 (24) n. mg/dl

85 (25) o. 1 SGOT 86-89 (26) p. mu/ml

90 (27) q. 1 Calcium 91-93 (28) r. . mg/dl

94 (29) s. 1 HDL 95-97 (30) t. mg/dl

98 (31) u. 1 Triglycerides 99-101 (32) v. mg/dl

102 (33) w. 1 Other (specify) _____

7. Hematology results: 1 Not done (34) 103
- a. WBC (thousands) · (35) 104-106
- b. Hematocrit (%) · (36) 107-109
- c. Hemoglobin ¹¹⁰⁻¹¹² (37) · g/100 ml
- d. Other (specify) _____

8. Dipstick Urinalysis Results: 1 Not done (38) 113

- a. Protein: 114 (39) {
- 1 Negative
 - 2 Trace
 - 3 1+
 - 4 2+
 - 5 3+
 - 6 4+
 - 7 DK

- b. Glucose: 115 (40) {
- 1 Negative
 - 2 1/10%
 - 3 1%
 - 4 2%
 - 5 1%
 - 6 2+%
 - 7 DK

- c. pH: 116 (41) {
- 1 pH 5
 - 2 pH 6
 - 3 pH 6.5
 - 4 pH 7
 - 5 pH 7.5
 - 6 pH 8
 - 7 pH 8.5
 - 8 DK

- d. Blood: 117 (42) {
- 1 Negative
 - 2 Non-hemolyzed trace
 - 3 Hemolyzed trace
 - 4 1+
 - 5 2+
 - 6 3+
 - 7 DK

- e. Bilirubin: 118 (43) {
- 1 Negative
 - 2 1+
 - 3 2+
 - 4 3+
 - 5 DK

- f. Ketones: 119 (44) {
- 1 Negative
 - 2 Trace
 - 3 Small
 - 4 Moderate
 - 5 Large
 - 6 DK

- g. Urobilinogen: 120 (45) {
- 1 Negative
 - 2 1 Ehrlich unit/dl
 - 3 2 Ehrlich units/dl
 - 4 4 Ehrlich units/dl
 - 5 8 Ehrlich units/dl
 - 6 12 Ehrlich units/dl
 - 7 DK

} Normal range
RECORD TYPE (49) 125

DATE RECEIVED (50) 126-131

UPDATE NUMBER (51) 132-134

DATE LAST PROCESSED (52) 135-140

PAPER COPY (53) 141

cross forms edit (54) 142

9. Other tests: 1 None (46) 121

122 (47) 0/1

10. Comments: _____

11. Person completing form: _____

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

Signature _____

17-20 (516) TIME MODIFIED

21 (517) EDIT STATUS CODE

(48) Code

SH11/2