**Much Wenlock & Cressage Medical Practice**

URINE SPECIMEN

Name: ……………………….….…….……….. Date of Birth: ...........……..……….

Address: ………………………………………………………………………………...

Telephone Number(s): …………………………………………………………..........

(In the event that we need to contact you with reference to the specimen)

1. a) What is the urine sample for? (please circle)

Infection

Check for Protein (this is often done for Diabetics,

Kidney Patients and Hypertension)

Other – please specify ………………………………………

b) Requested by: (please circle)

Doctor

Nurse

Other – please specify ………………………………………

1. What are your current symptoms? ……………………………………..
2. Are you expecting treatment today ahead of any results returning from the laboratory? YES / NO
3. Are you allergic to any antibiotics? (please specify) YES / NO

….…………………………………………………………………………...

1. In women of children-bearing age, is there any possibility you could

be pregnant? YES / NO

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