

STUDHOLME MEDICAL CENTRE

URINE SAMPLE FORM:

Name:

Date of Birth:

Address:

We do not routinely test urine samples. We will only accept urine specimens at reception which:

- Have been requested by one of our GPs or minor illness nurse (we need to know who);
- Are accompanied by a completed Urine Sample Form from a hospital or health care professional or the patient has symptoms and has completed the form below:

Form to Complete

1) Who at Studholme has requested this sample?

2) Please give the reason for bringing in this urine sample?

Pain on passing urine	Yes / No
Passing urine more frequently	Yes / No
Pass a lot of urine	Yes / No
Pain in lower abdomen	Yes / No
Sudden urge to pass urine	Yes / No
Cloudy or smelly urine	Yes / No
Have a Temperature	Yes / No
Back pain	Yes / No
Vaginal Itching or discharge	Yes / No
Blood in urine	Yes / No
I am a diabetic this is early morning specimen	Yes / No
It is second sample following treatment for urine infection.	Yes / No
Sample to be checked for sugar	Yes / No
Other reason	

Do you use a Catheter?

YES / NO

ARE YOU PREGNANT?

YES / NO