

## **Why do we need a form?**

Urine samples are processed differently depending on what is being tested. The most common reason for testing a urine sample is to check for an infection but they are also routinely tested as part of a check for many other conditions, such as diabetes.

Because of this sometimes samples are collected in different containers - depending on the requirements of the Laboratory. It is for this reason that it is important that we know why the sample has been dropped off.

To ensure good practice and avoid incorrect containers being used or the wrong test being requested **every urine sample delivered to the surgery must:**

- **be accompanied by a fully completed form**
- **each sample pot must be labelled with your name and date of birth.**

Thank you,

**St Andrew's Medical Centre Team**

(Please scroll down to preview the form)

**URINE SAMPLE**

**PLEASE LABEL SAMPLE CLEARLY (with patient name, date of birth & date of sample).**

DATE & TIME SAMPLE TAKEN: .....

**PLEASE COMPLETE details below for correct processing of your urine sample:**

**Full Name of patient:** .....

**Age:** .....

**Date of Birth:** .....

**Contact No:** ..... **GP:** .....

**Reason for sample (Please tick any that apply)**

Suspected Urine Infection

Diabetic ACR

GP request

Nurse request

Other .....

Are you pregnant? **Yes / No**

**Urinary Symptoms**

- Painful to pass urine
- Increased frequency
- Constant urge to pass urine
- Increased volume of urine
- Lower abdominal pain
- Visible blood in urine
- Incontinence

**Other Symptoms**

- Fever
- Vaginal discharge
- Vagina irritation
- Currently menstruating  or days since last bleed ..... days
- Other relevant symptoms .....