

Epithelial Cells in Urine Test Report

Patient information		
Name:		
Gender:	Date of birth:	
Date of test:	Medical record number:	
Referring physician:	Contact number:	
Clinical history:		
Sample information		
Sample type:	Collection method:	
Time of collection:	Appearance:	
pH value:	Specific gravity:	
Microscopic examination		
Parameters	Observation	Reference range
Squamous epithelial cells		
Transitional epithelial cells		
Renal tubular epithelial cells		
Interpretation		

Additional findings**Recommendation****Laboratory information****Laboratory name:****Technician:****Authorized signature:****Contact number:**