

Urine Culture Test

Patient's Name:

Date of Birth:

Symptoms:

Clinical Information:

Additional Information (if needed):

Recommended Collection Method:

Ordering Physician's Name and Signature:

Date of Request:

Laboratory Name:

Laboratory Address:

Laboratory Contact Information:

Date and Time of Test:

Test Results:

- Color:
- Clarity:
- Colony Count:
- Culture Results (Positive or Negative):
- Microorganism/s Identified:
- Sensitivity Testing (if performed):

Interpretation:

Reporting Physician's Name and Signature:

Date: