



**KK Women's and
Children's Hospital**
SingHealth

For outpatient use only - waiting for results

Reg No 52839081C

URINE TESTS

Patient's Name Label

(For Downtime Use)

Name:

MRN:

Account Number:

Date of Birth:

Sex: M / F (Circle One)

Ward/Bed: _____ Clinic: _____ Class: _____

Patient Type <input type="checkbox"/> Gynae <input type="checkbox"/> Medicine	<input type="checkbox"/> Obst <input type="checkbox"/> Surgery	<input type="checkbox"/> Neo	Relevant History/Findings/Treatment	Laboratory Barcode
Clinical Diagnosis			For Laboratory Use Only	
Name & Signature of Requesting Doctor Hp / Contact No (indicate if urgent) Name of Consultant I/C Date				

Please (tick) appropriate boxes below

URINE TESTS			
Service Code	(Tick)	Test	Remarks
RU0001	<input type="checkbox"/>	Urinalysis (Urine FEME)	
RU0001	<input type="checkbox"/>	Urine spun for cast	
BC0283	<input type="checkbox"/>	Total Protein, urine	
BC0240U	<input type="checkbox"/>	Osmolarity, Urine	
BC0304	<input type="checkbox"/>	Specific Gravity, urine	
BC0260	<input type="checkbox"/>	pH, urine	
BC6170U	<input type="checkbox"/>	Reducing Sugar, urine	
BC0020U	<input type="checkbox"/>	Amylase, Urine	
BC0075U	<input type="checkbox"/>	Chloride,urine	
BC0102U	<input type="checkbox"/>	Creatinine, urine	
BC0220U	<input type="checkbox"/>	Magnesium,urine	
BC0267U	<input type="checkbox"/>	Phosphate,urine	
BC0273U	<input type="checkbox"/>	Potassium,urine	
BC0301U	<input type="checkbox"/>	Sodium,Urine	
BC0303U	<input type="checkbox"/>	Na/K/Cl, urine	
BC0330U	<input type="checkbox"/>	Uric Acid, urine	
BC0331U	<input type="checkbox"/>	Urea, Urine	
RU0003	<input type="checkbox"/>	Protein/Cre Ratio, urine	
RU0004	<input type="checkbox"/>	Calcium Creatinine Ratio	
IM0073	<input type="checkbox"/>	hCG (Qualitative, Urine)	
RU0005	<input type="checkbox"/>	Urine Phase Contrast	Sent out test. Urine to be sent to lab before 9am on working days.
BC0272	<input type="checkbox"/>	Porphobilinogen, urine	Sent out test. Urine to be sent to lab before 9am on working days.
BC0090	<input type="checkbox"/>	Coproporphyrin (Qualitative), Urine	Sent out test. Urine to be sent to lab before 9am on working days.

24 HOUR URINE TESTS			
Service Code	(Tick)	Test	Remarks
BC0284	<input type="checkbox"/>	Protein, 24-Hour Urine	
BC0103	<input type="checkbox"/>	Creatinine Clearance Test	Outpatient: Collect blood specimen immediately after urine collection Inpatient: Collect blood specimen during urine collection. 24 hr urine + 5ml plain blood
BC0341	<input type="checkbox"/>	Microalbumin, 24-hour urine	
BC0093	<input type="checkbox"/>	Cortisol Free, 24-hour urine	
BC0163	<input type="checkbox"/>	VMA, 24-hour urine	Preservative needed
BC0162	<input type="checkbox"/>	5-HIAA, 24-hour urine	Preservative needed
BC0164	<input type="checkbox"/>	17-Hydroxycorticosteroids, 24-hour urine	Preservative needed
BC0190	<input type="checkbox"/>	17-Ketosteroids, 24-hour urine	Preservative needed
BC0336	<input type="checkbox"/>	Catecholamines, 24-hour Urine	Preservative needed

Others: pls specify _____