

Urine Processing Guide

EACH TUBE MUST HAVE PATIENT NAME AND DATE OF BIRTH. MUST SEND REQUISITION WITH TEST INDICATED.

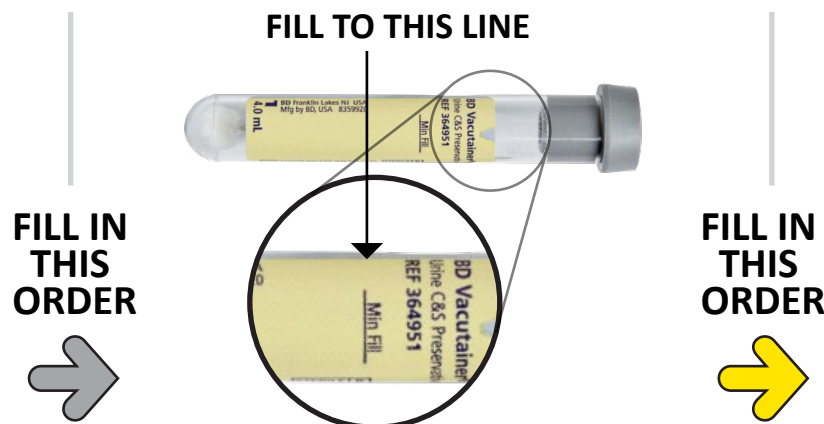
Cup and Straw:



MUST USE COLLECTION STRAW TO FILL TUBES

Used for collection of urine

Urine Culture: *Gray Top Tube*



DO NOT REMOVE GRAY CAP

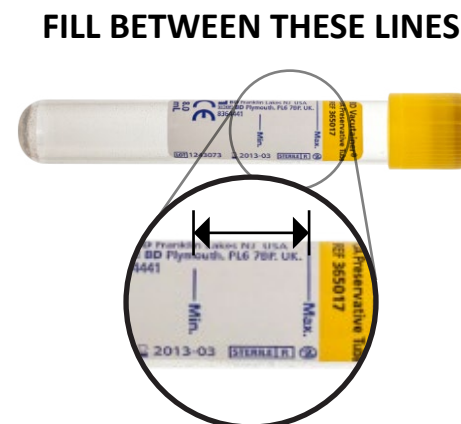
TEST NAME/TEST CODE:

Urine Culture (C&S, UC, UCX)/**CULURN**
Only use tube in Urine culture package

DO NOT USE WRONG GRAY CAP TUBE



Urinalysis: *Yellow Top Tube*



DO NOT REMOVE YELLOW CAP

TEST NAME/TEST CODE:

Urinalysis Complete (w/Microscopic)/**UCOMP**
Urinalysis (Reflex to Microscopic)/**UARFXM**
Urinalysis Chemical/**UMAC**
Urinalysis Microscopic/**UMIC**

REFLEX TESTING:

Urinalysis (Reflex to Culture)/**UARFXC**

**MUST SEND BOTH
YELLOW AND GRAY TOP TUBE**