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

FILL TO THIS LINE



FILL IN THIS ORDER

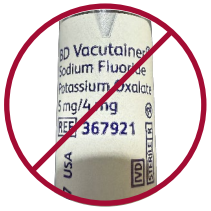
DO NOT REMOVE GRAY CAP

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

FILL BETWEEN THESE LINES



FILL IN THIS ORDER

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

CompuNet CLINICAL LABORATORIES

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