

The Academy of Veterinary Clinical Pathology Technicians

Specific Sample Types

Case: 1 2 3

AVCPT CASE LOG # _____

Urinalysis

Quantitative Urinalysis

Urine Sample: Randomly Obtained Fasting Fractional Timed-Serial, Time between Collections _____ min

Postprandial, Time after Food Consumption _____ min

Collection Technique: Voided Mid-Stream Voided Manual Compression Cystocentesis Surface (ex. table, floor, cage, etc)
 Atraumatic-Aseptic Transurethral Catheterization Metabolism Cage Litter Pan with Non-Absorbable Litter

Sample Container: Sterile Clean Disposable Syringe Commercial Absorbent Sponge + Container Owner Improvised
 Covered Uncovered Transparent Opaque

Volume of Urine Collected: _____ mL Preservation: Refrigeration Other (specify): _____

Make and Model of Centrifuge: _____

Time from Sample Collection to Centrifugation: _____ min _____ hr Time from Centrifugation to Separation: _____ min

Centrifugation Speed: _____ rpm Date of Last Centrifuge Service and Calibration: _____ / _____ / _____

Chemistry Reagent Strip Brand: _____ Type: _____ Test Principle (describe): _____

Reagent Strip Reading: Manual / Visual Reagent Strip Analyzer, Make: _____ Model: _____

Quality Control Protocol: Internal External

Candidate Name _____

Describe:

Reagent Strip Analyzer Functional Principle/Technique (identify and describe): _____

Reagent Strip Analyzer Calibration Protocol (describe): _____

Reagent Strip Analyzer Maintenance Protocol (describe): _____

Microscopic Evaluation Method: Glass Microscope Slide Commercial Urine Sediment System (ex. Kova) Automated

Unstained Stained, Type of Stain Used: _____

Combination Stained and Unstained, Type of Stain Used: _____

Urinalysis Results (attach copy of instrument printout if electronically read; include units where available; include reference intervals)

Test	Test Results (include units if available)	Reference Interval
Color		
Turbidity		
Flocculent after Centrifugation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Milky Film after Centrifugation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Gravity (refractometer)		
Odor		
Foam	<input type="checkbox"/> Yes <input type="checkbox"/> No Color (specify):	
Chemical (Reagent Strip)		
Glucose		
Bilirubin		
Ketone		
Blood		
pH		
Protein		
Urobilinogen		
Secondary / Confirmatory Tests		
Acetest®		
Clinitest®		
Ictotest®		
Sulfosalicylic Acid Test		

Candidate Name _____

Other Tests		
Urine Protein:Creatinine Ratio		
Microscopic Urine Sediment Evaluation		
Casts (identify type and amount present)		LPF
RBCs		HPF
WBCs		HPF
Epithelial Cells		HPF
Crystals (identify type and amount present)		
		LPF
		LPF
		LPF
		LPF
		LPF
		LPF
Bacteria - Rods		HPF
Bacteria – Cocci		HPF
Bacteria – Mixed/Other		HPF
Yeast		HPF
Sperm		HPF
Fat		HPF
Mucus		HPF
Parasites (specify type)		HPF
Other (specify)		HPF

Candidate Name _____