

## Urine Sample Form

Name:

Age:

Ask patient to specify symptoms (using tick boxes) and duration:

NO symptoms unlikely UTI.

Symptom	Tick if yes	Symptom	Tick if yes
New onset of burning on passing urine		New increased frequency at night more than twice per night	
Cloudy urine		Temp over 37.9	
Nausea/Vomiting		Kidney pain	
Low abdominal pain		Requested by Dr/Nurse	

Samples will not be processed unless a form is completed and will be discarded if they are presented without a form.