

**DENVER HEALTH MEDICAL CENTER  
DENVER, CO  
PROVIDER PERFORMED TESTS**

**Patient ID x 2** YES \_\_\_\_\_ (initials)

**Urine HCG**  Neg  Pos **Normal Range:** Neg  
 Quality control  Pass  
 Specific Gravity \_\_\_\_\_

Performed by: (name) \_\_\_\_\_ Date/Time (00:00) \_\_\_\_\_

(Note: Specimen may be too dilute for accurate testing if specific gravity is less than 1.010. Recommend 1st morning specimen or submit serum.)

**Urinalysis** **Normal Range:**

Glucose (mg/dL)	<input type="checkbox"/> Neg	<input type="checkbox"/> Tr(100)	<input type="checkbox"/> 1+(250)	<input type="checkbox"/> 2+(500)	<input type="checkbox"/> 3+(1000 or more)	Neg
Bilirubin	<input type="checkbox"/> Neg		<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	Neg
Ketone	<input type="checkbox"/> Neg	<input type="checkbox"/> Tr	<input type="checkbox"/> 1+(sm)	<input type="checkbox"/> 2+(mod)	<input type="checkbox"/> 3+(large)	Neg
Specific Gravity	<input type="checkbox"/> 1.000	<input type="checkbox"/> 1.005	<input type="checkbox"/> 1.010	<input type="checkbox"/> 1.015	<input type="checkbox"/> 1.020 <input type="checkbox"/> 1.025 <input type="checkbox"/> 1.030	1.001-1.035
Blood	<input type="checkbox"/> Neg	<input type="checkbox"/> Tr	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	Neg
PH	<input type="checkbox"/> 5.0	<input type="checkbox"/> 6.0	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7.0	<input checked="" type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> 8.5	4.6-8.0
Protein	<input type="checkbox"/> Neg	<input type="checkbox"/> Tr	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+ <input type="checkbox"/> 4+	Neg
Urobilinogen	<input type="checkbox"/> 0.2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 8	0.1-1.0 mg/dL
Nitrite	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos				Neg
Leukocytes	<input type="checkbox"/> Neg	<input type="checkbox"/> Tr	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	Neg

Bottle Lot Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

**Urine micro** **Normal Range:**

WBC	<input type="checkbox"/> Neg	<input type="checkbox"/> _____	0-5/hpf	Performed by: (name) _____ Date/Time (00:00) _____
RBC	<input type="checkbox"/> Neg	<input type="checkbox"/> _____	0-5/hpf	
Casts	<input type="checkbox"/> Neg	<input type="checkbox"/> _____	0-2/lpf	Performed by: (name) _____ Date/Time (00:00) _____
Epithelial Cells	<input type="checkbox"/> None	<input type="checkbox"/> _____	None-Rare	
Bacteria	<input type="checkbox"/> None	<input type="checkbox"/> _____	None-Rare	

**Wet prep** **Normal Range:**

Yeast	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos	Neg	Performed by: (name) _____ Date/Time (00:00) _____
Clue cells	<input type="checkbox"/> Neg	<input type="checkbox"/> Pos	Neg	
Trichomonas	<input checked="" type="checkbox"/> Neg	<input type="checkbox"/> Pos	Neg	Performed by: (name) _____ Date/Time (00:00) _____
WBC	<input checked="" type="checkbox"/> Neg	<input type="checkbox"/> _____	less than 10/hpf	
RBC	<input type="checkbox"/> Neg	<input type="checkbox"/> _____	Neg	
Vaginal pH	<input type="checkbox"/> _____		less than 4.5	

**HGB (HemoCue)**

		<b>Hct</b>	<b>Hgb</b>	Performed by: (name) _____ Date/Time (00:00) _____
	Male:	38-52%	13.0-18.0 g/dL	
	Female:	37-47%	12.0-16.0 g/dL	
Hemoglobin #2	0-1 mo:	44-64%	14.0-24.0 g/dL	Performed by: (name) _____ Date/Time (00:00) _____
	1-3 mo:	35-49%	9.5-14.0 g/dL	
Hemoglobin #3	3-6 mo:	30-40%	9.5-14.0 g/dL	Performed by: (name) _____ Date/Time (00:00) _____
	6 mo-2 yr:	31-43%	9.5-14.0 g/dL	
	2 yr-10 yr:	40-50%	12.5-15.0 g/dL	

**Blood Glucose (Glucose Meter)**

	Fast:	60-109 mg/dL	Performed by: (name) _____ Date/Time (00:00) _____
	Random:	60-199 mg/dL	
Glucose #2	Neonates:	40-90 mg/dL	Performed by: (name) _____ Date/Time (00:00) _____
	Critical:	< 40, > 500 mg/dL	
Glucose #3			Performed by: (name) _____ Date/Time (00:00) _____

\*Reference ranges listed are for adult patients only. Please see specific POC policies in PolicyStat for age and gender specific ranges\*



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DENVER HEALTH MEDICAL CENTER  
DENVER, CO  
**PROVIDER PERFORMED TESTS**

Patient ID x 2 **YES** \_\_\_\_\_ (initials)

**Tests for the detection of Amniotic Fluid (SROM)**

Source: \_\_\_\_\_

**Fern Test**       Neg     Pos

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Neg (yellow to olive green, pH 4.5-6.0)

**Nitrazine pH**

Pos (blue green to deep blue, pH 6.5-7.5)

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

pH Lot Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

**ACT (iSTAT)**      \_\_\_\_\_ seconds

**Therapeutic Range**

Interventional Procedure  
> 200 seconds

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

ACT #2      \_\_\_\_\_ seconds

Open Vascular Procedure  
> 250 seconds

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

ACT #3      \_\_\_\_\_ seconds

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

ACT #4      \_\_\_\_\_ seconds

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

ACT #5      \_\_\_\_\_ seconds

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

**Troponin (iSTAT)**      \_\_\_\_\_ ng/ml

**Reference Range:**

Negative: <0.03 ng/ml

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

**EPOC (BMP, VBG, ABG)**

Critical: >= 0.60 ng/ml

**Reference Range:**

Na      \_\_\_\_\_      135 – 143 mmol/L

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

K      \_\_\_\_\_      3.6 – 5.1 mmol/L

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Ca      \_\_\_\_\_      1.15 – 1.35 mmol/L

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Glu      \_\_\_\_\_      60 – 199 mg/dL

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Hct      \_\_\_\_\_      37 – 47%

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Creat      \_\_\_\_\_      0.50 – 1.39 mg/dL

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Cl      \_\_\_\_\_      99 – 110 mmol/L

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Lactate      \_\_\_\_\_      0.3 – 2.0 mmol/L

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

Hgb      \_\_\_\_\_      12 – 18 g/dl

\_\_\_\_\_  
Performed by: (name)      Date/Time (00:00)

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DENVER HEALTH MEDICAL CENTER  
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**PROVIDER PERFORMED TESTS**

Name, MR#, Pat#, DOB

Patient ID x 2 YES \_\_\_\_\_ (initials)

**EPOC Venous blood gas**

**Reference Range:**

pH \_\_\_\_\_ 7.35 – 7.43  
pCO2 \_\_\_\_\_ 40 – 44 mmHg  
pO2 \_\_\_\_\_ no reference range  
HCO3 \_\_\_\_\_ 22 – 28 mmol/L  
tCO2 \_\_\_\_\_ 18 – 27 mmol/L

Performed by: (name) Date/Time (00:00)  
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**EPOC Arterial blood gas**

**Reference Range:**

pH \_\_\_\_\_ 7.37 – 7.45  
pCO2 \_\_\_\_\_ 34 – 38 mmHg  
pO2 \_\_\_\_\_ 65 – 75 mmHg  
HCO3 \_\_\_\_\_ 20 – 26 mmol/L  
tCO2 \_\_\_\_\_ 18 – 27 mmol/L  
BE \_\_\_\_\_ (-2.5) – 1.5  
sO2 \_\_\_\_\_ 91 – 95 %

Performed by: (name) Date/Time (00:00)  
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**GeneXpert (FLUVID, STREP A)**

**Normal Range:**

Flu A  Neg  Pos **Negative**  
Flu B  Neg  Pos **Negative**  
RSV  Neg  Pos **Negative**  
SARS-CoV-2 (COVID)  Neg  Pos **Negative**  
STREP A  Neg  Pos **Negative**

Performed by: (name) Date/Time (00:00)  
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