

URINE SAMPLES please help us by indicating why you have brought a urine sample to the surgery today by completing this form.

*** FAILURE TO DO SO MAY MEAN THAT YOUR SAMPLE IS NOT ABLE TO BE PROCESSED CORRECTLY.**

- YOU THINK YOU MAY HAVE A URINE INFECTION & HAVE NEW SYMPTOMS
- IN THIS CASE PLEASE COMPLETE THE QUESTIONNAIRE FOR PATIENTS WITH A SUSPECTED UTI**
- A SAMPLE HAS BEEN REQUESTED FOLLOWING A COURSE OF ANTIBIOTICS
- YOU HAVE DIABETES AND IT IS FOR YOUR ANNUAL REVIEW
- YOU HAVE KNOWN KIDNEY PROBLEMS AND IT IS FOR YOUR ANNUAL REVIEW
- SAMPLE IS FROM A CATHETER
- IF YOUR GP ASKED YOU TO BRING IN A SAMPLE
PLEASE SPECIFY THE REASON

FULL NAME: DOB:

TIME & DATE SAMPLE WAS TAKEN:
CONTACT TELEPHONE NUMBER:

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