

LAB21018 OB Urinalysis Screen

BMC, CRH, LFH, HRK, OCH, FTT, FOX, FXCC

Performing Location(s)

BMC, CRH, LFH, HRK, OCH, FTT, FOX, FXCC

Specimen Type

Random Urine

Preferred Container

Random Urine Tube

Minimum Volume to Submit for Testing

5 mL Urine

Storage Requirements

Refrigerate up to 24 hours

Transportation Needs

Deliver specimen to the laboratory within 1 hour of collection.

If not possible see “Storage Requirements”

Causes for Rejection

Mislabeled or unlabeled specimen

> 2 hours at room temperature

> 24 hours refrigerated

< 0.5 mL

Reference Values

Parameter	Population	Units	Reference Range	Critical Value
Specific Gravity	All populations	None	1.000-1.029	None
Protein	All populations	None	Negative, 10mg/dL, 20mg/dL	None
Glucose	All Populations	mg/dL	Negative, 30mg/dL, 50mg/dL	OB and Peds Patients ≥ 150
Ketones	All populations	mg/dL	Negative, Trace	OB and Peds Patients ≥ 60

Includes

Testing of random urine for glucose, ketones, protein, and specific gravity.

Available STAT

Yes

Methodology

Urine reagent strip

CPT Code

81003

