

Urine Sample Form

Name:

Age:

Contact No:

Duration of symptoms:

Onset must be within 24 – 48 hours otherwise you will need to book an appointment

This form is designed for patients with simple urine infections ONLY

Less than 2 **SYMPTOMS** then unlikely UTI.

Symptom	Tick if yes	Symptom	Tick if yes
New onset of burning on passing urine		New increased frequency of urination	
Nausea/Vomiting		Temp over 37.9	
Repeat dipstick requested as blood on previous sample		2 or more confirmed infections in last 12 months	
Lower abdominal pain		Requested by Dr/Nurse	
Are you pregnant?			

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

Clinicians:

Please ensure that entry is coded with: USE AUTOCONSULTATION

Read code Y1g3b, econsultation via online application.