

Urinalysis, Microscopic

Order Name: **UAPRNMIC**
Revision Date: 12/23/2013

TEST NAME	METHODOLOGY		LOINC CODE	
Urinalysis, Microscopic				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	Submit only 1 of the following specimens:			
	<u>Clean-Catch</u>			
	1. Collect a clean-catch, random urine specimen as follows:			
	Males			
	A. Prepare obstetrical cleansing pads by opening packages (do not remove cleansing pads until ready to use), and place them on sink. Take top off of plastic urine container, and set it on edge of sink. Set cleansing pads and container so that they can be reached while urinating.			
	B. Holding back foreskin with 1 hand, if necessary, use first cleansing pad to wash end of penis. Discard first cleansing pad in wastebasket.			
	C. Continue holding back foreskin, and gently rinse end of penis using second and third cleansing pads discarding them in wastebasket when done.			
	D. Continue holding back foreskin, and begin to urinate into the toilet.			
	Females			
	A. Prepare obstetrical cleansing pads by opening packages (do not remove cleansing pads until ready to use), and place them on sink. Take top off of plastic urine container, and set it on edge of sink. Set cleansing pads and container so that they can be reached while urinating.			
	B. Pull panties below knees so they will not interfere with urine collection. With 2 fingers of 1 hand, hold outer folds of vagina apart. With other hand, gently wash vaginal area from front to back, using first cleansing pad. After this step, throw away first cleansing pad in wastebasket.			
	C. Still holding outer vaginal skin away from opening through which urination takes place, rinse area from front to back using cleansing pad #2, discard, and then repeat with cleansing pad #3.			
	D. Continue holding outer vaginal folds apart and begin to urinate into toilet. Lean slightly forward so that urine flows directly down without running along skin.			
	2. After first few teaspoons, place screw-capped, sterile container under stream of urine and collect 10 mL (minimum volume: 1 mL) of urine.			
	3. After finishing, tighten cap on container securely and wash any spilled urine from outside of container.			
	4. Transfer portion of urine into both a UA Preservative and a Boric Acid tube.			
	5. Label container/tube with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, and test(s) being ordered.			
	6. Send specimen at room temperature. Maintain sterility and forward promptly.			
	Note: Collection method is required on request form for processing. If quantity is not sufficient to fill both UA Preservative and Boric Acid tubes, urine should be transferred to 1-2 No Additive tubes. Urine in No Additive tubes must be refrigerated.			
	<u>Indwelling Catheter (Foley)</u>			
	1. Disinfect catheter collection port with 70% alcohol wipe.			
	2. Aseptically puncture collection port with needle attached to syringe.			
	3. Collect 10 mL (minimum volume: 1 mL) of urine and place in sterile container.			
	4. Transfer portion of urine into both a UA Preservative and a Boric Acid tube.			
	5. Label container/tube with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, and test(s) being ordered.			
	6. Send specimen at room temperature. Maintain sterility and forward promptly.			
	Note: Collection method is required on request form for processing. If quantity is not sufficient to fill both UA Preservative and Boric Acid tubes, urine should be transferred to 1-2 No Additive tubes. Urine in No Additive tubes must be refrigerated.			
	<u>Straight Catheter</u>			
	1. Disinfect patient urethral opening with soap, and carefully rinse area with water.			
	2. Aseptically pass catheter into bladder.			
	3. Collect 10 mL (minimum volume: 1 mL) of urine, and discard it from mouth of catheter. Collect specimen from mid-flow of urine in sterile container.			
	4. Transfer portion of urine into both a UA Preservative and a Boric Acid tube.			
	5. Label container/tube with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number,			

date and time of collection, collector initials, and test(s) being ordered.

6. Send specimen at room temperature. Maintain sterility and forward promptly.

Note: Collection method is required on request form for processing. If quantity is not sufficient to fill both UA Preservative and Boric Acid tubes, urine should be transferred to 1-2 No Additive tubes. Urine in No Additive tubes must be refrigerated.

Suprapubic Bladder Aspiration

1. Clean suprapubic skin with iodine followed by alcohol.

2. Be sure at least 4 to 6 hours has elapsed since last urination.

3. Insert 22-gauge needle attached to a 20-mL syringe into skin at about a 30 deg angle to abdominal wall, immediately superior to symphysis in midline.

4. Aspirating as one penetrates, stop as urine is obtained and fill syringe with 5 mL of urine (infants may require a smaller syringe and needle).

5. Submit 10 mL (minimum volume: 1 mL) of urine in a screw-capped, sterile container.

6. If specimen will not be forwarded to laboratory immediately, transfer portion of specimen to a grey-top urine tube.

7. Label container/tube with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, and test(s) being ordered.

8. Send specimen at room temperature. Maintain sterility and forward promptly.

Note: Collection method is required on request form for processing. If quantity is not sufficient to fill both UA Preservative and Boric Acid tubes, urine should be transferred to 1-2 No Additive tubes. Urine in No Additive tubes must be refrigerated.

U-Bag for Infants/Toddlers

Urine collected should only contain bacteria that exist in urine. To prevent contamination, collect specimen as follows:

1. Wash hands thoroughly.

2. Remove diaper from child.

3. Cleanse genital area with soapy washcloth or baby wipe. Thoroughly dry area. Do not use obstetrical cleansing pads.

4. Remove U-Bag from packaging.

5. Unfold white paper flaps on U-Bag and remove paper to expose adhesive without contaminating.

6. Apply exposed adhesive to skin, centering opening of bag around urethra.

7. Replace diaper on patient. Note: Prior to replacing diaper, a slip can be cut in center of diaper. The U-Bag can be pulled through slit, allowing U-Bag to be exposed outside of diaper. This allows observation without having to open or remove diaper. (This technique is optional.)

8. When 10 mL (minimum volume: 1 mL) of urine has been collected in U-Bag, remove diaper and U-Bag from patient, taking care to not touch inside of U-Bag.

9. Pull blue plastic tab off bottom of U-Bag and pour urine from bag into sterile container. There is a hole below tab to facilitate pouring specimen.

Avoid touching inside of container with fingers or bag or touching U-Bag underneath blue tab.

10. Transfer portion of urine into both a UA Preservative and a Boric Acid tube.

11. Label container/tube with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of collection, collector initials, and test(s) being ordered.

12. Send specimen at room temperature. Maintain sterility and forward promptly.

Note: Collection method is required on request form for processing. If quantity is not sufficient to fill both UA Preservative and Boric Acid tubes, urine should be transferred to 1-2 No Additive tubes. Urine in No Additive tubes must be refrigerated.

Reference Range	An interpretive report will be provided.
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GENERAL INFORMATION

Testing Schedule	Monday through Sunday TAT: 2 hours STAT TAT: 1 hour
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CPT Code(s)	81015
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Lab Section	NRLS-Core Urine Analysis
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