**Name:**

 **DOB:**

 **Contact Tel No:**

I have brought a urine sample because: (tick appropriate boxes)

 The GP, nurse or a letter I received for annual review has asked for a sample.

 Burning when passing urine

 Needing to pass urine more frequently than usual

 Passing increased amount of urine every time

 Urgency in needing to pass urine

 Blood in urine

 Lower tummy pain

Women

 I am on a period or bleeding from the vagina

 I am pregnant

 I have unusual vaginal discharge or irritation

Please state how long you have been experiencing these symptoms…………………..

Please ensure you are contactable on the above telephone number in case the nurse or GP need to talk to you, this can be anytime from noon to early afternoon.

**Staff Use Only**

|  |  |  |
| --- | --- | --- |
| Blood | Read 1m |  |
| Ketones | Read 1m |  |
| Glucose | Read 1m |  |
| Protein | Read 1m |  |
| Nitrities | Read 1m |  |
| Leucocytes | Read 2m |  |