

Urine Culture Test

Patient information		
Name:	Age:	
Date of test:	Examiner:	
Test		
Symptoms of UTI present: (e.g., dysuria, frequent urination, fever):	Yes	No
Date and time of urine sample collection:		
Results		
Sample type:		
Appearance of sample:		
Growth of bacteria:	Present	Absent
Colony forming units:		
Additional notes		
Healthcare provider's information		
Name:		
License number:		
Signature:		
Date:		