

**URINE VOLUME INFORMATION SHEET**

- St. Joseph Medical Center Tacoma, WA    
  St. Clare Hospital Lakewood, WA    
  St. Elizabeth Hospital Enumclaw, WA  
 St. Francis Hospital Federal Way, WA    
  St. Anthony Hospital Gig Harbor, WA    
  ENUM    
 GIGL    
 PSC

	TVOL UT OR 1 TV LABEL	<b>For Collection staff:</b> Tech ID _____
		Total Volume: _____
		Hours of collection: _____
		List Preservative required: _____
		Added? yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Frozen? yes: <input type="checkbox"/> No: <input type="checkbox"/>
(Attach small Cerner label(s) above)		<b>For Processing staff:</b> Tech ID _____
<b>For Creatinine Clearance:</b>		Preservative required: _____
Height (inches):	_____	Added? yes: <input type="checkbox"/> No: <input type="checkbox"/>
Weight (lbs):	_____	Record PH: _____
Serum "CRE S" Result:	_____	Save Aliquot <input type="checkbox"/>
		Cerner: Order "TVOL UT" on <b>different</b> accession # ok <input type="checkbox"/>
		Order on in-house tests only
		<i>NOTE: Time and Date <u>must</u> match for urine test code and TVOL UT</i>
		<b>For Send-Out Tests</b>
Additional Information:	_____	Save Aliquot <input type="checkbox"/>
		Cerner: Order "1TV" on <b>same</b> accession # <input type="checkbox"/>
		Order on PAML/Send-outs only
		<i>NOTE: MUST be on <b>same</b> accn # as the urine test.</i>