LABORATOIRE CHANUT
Faubourg de la Pomme - 19140 UZERCHE

Tél 05 55 73 06 16 **Fax 05 55 73 29 00**
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Medical sheet : ECBU

❐Mr. ❐ Ms ❐Miss ❐Child

NAME :...
Birth name ....
FIRST NAME : ....**TEL** |__|__| |__|__| |__|__| |__|__| |__|__|

Date of birth |__|__| |__|__| |__|__|
ADDRESS:...

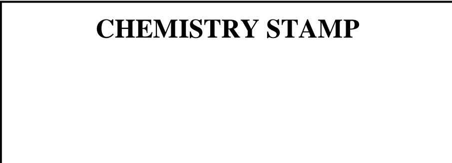
....

DAY OF SAMPLING...TIME OF SAMPLING ....
TIME OF RECEPTION: ....
PRESCRIBER: ....

RESULTS : ❐ TO BE POSTED

❐ DELIVERED AT LABORATORY

❐ INTERNET



CLINICAL SIGNS : **(<u>Stick if YES</u>)**

Burning urination	❐	Taken antibiotics	❐
Fever	❐	Check after antibiotics	❐
Lower back pain	❐	Check before surgery	❐
Pregnancy	❐	Urinary probe	❐

URINES COLLECTION

Please follow these steps to ensure better quality results.
Sampling must be done in appropriate sterile container.
-Write your name & first name on the bottle
-Favour morning urines
-Before collection, please do <u>personal hygiene</u>
-Dont collect the 1st urine jet. Begin to urinate regularly, then collect.
-Quickly bring your sample to the laboratory or keep it in the fridge.