

Name _____ Date _____ Class Period _____

Urine Assessment Lab

<u>Sample 1</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:	<u>Sample 2</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:
<u>Sample 3</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:	<u>Sample 4</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:
<u>Sample 5</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:	<u>Sample 6</u> Amount (to nearest 25mL): Color: Odor: Clarity: Normal / Abnormal (circle one) Possible Cause if abnormal:

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