



DATE

/ /

Site ID

Patient ID

-

SECTION 5: CASE REPORT FORM

(Research Nurse/CSO to complete)

Urine Collection

Was a urine sample provided before the child left the surgery /discharged from ED? Yes No *
 (* If 'No': ensure instructions are given to parent)

Which method was used to collect urine?

Clean Catch Nappy Pad Bag Catheter Suprapubic aspiration

Date child provided (passed) urine

/ /
 D D M M Y Y Y Y

Time child provided (passed) urine

: (24 hr clock)

If urine sample not provided, please given reason:

Dipstick Results

Please record dipstick information:

Urine Dipstick Tested: Yes No

Date urine tested:

/ /
 D D M M Y Y Y Y

Time urine tested:

: (24 hr clock)

Read Time ↑ 2 mins ● 30 secs	Leukocytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Negative	Trace	+	++	+++		
	Nitrites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Negative	Positive	+	++	+++		
	Protein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Negative	Trace	+	++	+++	++++	
	pH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5.0	6.0	6.5	7.0	7.5	8.0	8.5
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Negative	Non-haem Trace	Non- haem ++	Haem Trace	Haem +	Haem ++	Haem +++	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.000	1.005	1.010	1.015	1.020	1.025	1.030	
Ketones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Negative	Trace	+	++	+++	++++		
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Negative	Trace	+	++	+++	++++		

(SIEMENS – Multistix 8 SG)

DUTY: **D**iagnosis of **U**rinary **T**ract Infections in **Y**oung Children Study



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Sample Processing

Has the clinician taking responsibility for this child's care been informed of the dipstick results?

Yes

NB this must be done for all children

Has the urine sample been divided, labelled with DUTY stickers and sent to the usual local NHS laboratory AND the central DUTY laboratory?

Yes: sent to NHS lab only.

Yes: sent to both labs.

No: dipstick test only.

*NHS sample takes priority over the research lab sample if there is less than 2ml of urine.

Has the participant been given a £5 voucher?

Yes No

Please record Voucher serial number here: