Patient name and date of birth (address)



Urinary Stone Analysis Center Bonn

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		Sender (Sta									
o be filled in by the SENDER:											
Type of stone: urinary stone	other*										_
Recurrence: yes	no 🗌	Stone Lab Sample received on: Sample-No.:									
Date of stone passage dd.mm.yy		Result in weight-%		overall			core		shell		
Stone removal		Whewellite									
spontaneous	operative	Weddellite		\sqcup	_	┸			igwdapprox		
conservative	chemolitholytic	Carbonatapa	\sqcup		╄		\square	\longmapsto		_	
instrumental	lithotryptic 🔲	Brushite Struvite		\vdash	-	╫		Н	$\vdash\vdash$	\dashv	
Localization		Uric acid (Urio	cit)	\vdash	+	+		\vdash		\dashv	_
kidney right	kidney left	Uric acid dihydrate			+	+				\dashv	_
ureter right	ureter left	Ammonium urate			T	1				一	_
bladder	urethra 🗌	Cystine				\perp					_
Core-Shell-Analysis yes	no 🗌					-		لبا			
*Additional comments:		brown = 4 grey				smooth =			1 2		
		Date/Signature/QM:									
		black = 3 beige = 6 smooth = 2									