

尿検査のお知らせ Notification of urine test

- 1 提出日 _____月____日____曜日の朝
Date of submission: the morning of _____ (MM/DD) _____ (day of week)
提出できなかった人: _____月____日____曜日の朝
If you cannot submit a urine sample on the above-mentioned day, submit a sample on the morning of _____ (MM/DD) _____ (day of week).
- 2 検査内容 (たん白・潜血・糖)
Details of the test (protein/occult blood/sugar)
- 3 検査料 無料
Test fee: free of charge
- 4 注意事項
Instructions:
①検査前日の夕食後は、果物、ジュース、清涼飲料、ビタミン C 剤等を摂取しないようにしてください。
On the day before the test, do not allow your child to take fruits, juice, soft drinks, vitamin C supplements and the like after having supper.
②前夜、就寝時排尿させ、当日早朝第一尿をとってください。
Have your child urinate at bedtime on the preceding day and take the first urine sample on the following morning.
③尿はコップにとって、採尿容器に刻み込んである線上まで吸い上げて採尿してください。
Take urine in a paper cup and fill a sample container with urine up to the inscribed line, using a dropper.

寄生虫検査のお知らせ Notification of examination of parasites

検 便 排便したときに一回とってください。
Fecal examination: Take a sample once at the time of bowel movement.

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蟯虫検査 朝起床後すぐに実施してください。(2回)
Examination of parasites: Carry out a test as soon as your child gets up in the morning. (twice)

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- 2 検査料 無料
Test fee: free of charge
- 3 注意事項
Instructions:
・起きたらすぐ、排便する前に、のりのついている部分を肛門にあててください。
As soon as your child gets up in the morning before he/she has a bowel movement, apply the glued side of the test paper on the anus of your child.