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PURPOSE OF THIS DOCUMENT

This document provides guidance about urinalysis results and how to interpret them when assessing a visa applicant's standard of health.

ASSESSING URINALYSIS FOR ASH REQUIREMENTS

Use this general advice to help your assessment, but consider each applicant's results in relation to their other medical information and conditions.

If the laboratory report shows abnormalities, check the dates of the tests. If they were all done on the same day and you believe the abnormality to be significant, consider making a FIR depending on what the abnormalities show.

Abnormalities include:

- glucosuria
- haematuria
- proteinuria, and
- haematuria and proteinuria.

Making further information requests (FIRs) to applicants with abnormal urinalysis results

Haematuria

If the result raises concern – for example, the applicant has persistent haematuria, and is older or male – consider making a FIR for another urinalysis.

If the result remains positive for haematuria then, depending on the applicant and the specific scenario, consider making a FIR for a renal tract ultrasound or a urologist's assessment.

Proteinuria

If there is a good reason for the proteinuria – for example, the applicant has known diabetes or hypertension – then it may be useful to determine the degree of proteinuria as part of any FIRs you make. For diabetics make a FIR for the microalbumin:creatinine ratio, also known as ACR or MAU.

For non-diabetics make a FIR for the protein:creatinine ratio, also known as PCR.

Haematuria and proteinuria

Because of their ethnicity, many visa applicants are high risk for renal conditions such as IgA Nephropathies. If an applicant has haematuria and proteinuria investigate further by making a FIR for a nephrologist's assessment.

ASH OUTCOMES FOR APPLICANTS WITH ABNORMAL URINALYSIS RESULTS

If an applicant has one abnormal dipstick urinalysis result, and the second is normal, then your opinion can be likely ASH.

If the applicant has two abnormal dipstick urinalysis results, check if the Panel Physician has provided a formal laboratory report. If this is normal, then your opinion can be likely ASH.

Glucosuria

Glucosuria is not significant in itself and does not need follow up if there is a good reason for its presence – for example, if the applicant has uncontrolled diabetes. The diabetes is significant however and is likely to result in an opinion of NOT ASH or AWC. Make a FIR for an endocrinologist's report including HbA1c+/- to help you form an opinion.

If there is no obvious reason for the glucosuria and the applicant is otherwise well, with no other medical conditions, consider an opinion of AWC. When the applicant next applies for a visa they need to provide a new urinalysis, HBA1c and a medication list.

Haematuria

If the Panel Physician has provided a good reason for the haematuria result and the applicant is low risk with no other medical concerns, consider an opinion of likely ASH or AWC.

If there is no obvious reason for the haematuria and the applicant is otherwise well, with no other medical conditions, consider an opinion of AWC. When the applicant next applies for a visa they need to provide a new urinalysis, HBA1c and a medication list.

Proteinuria

If the applicant has proteinuria, but normal Creatinine, eGFR and no known medical condition or other abnormality on their medical assessment, consider an opinion of likely ASH or AWC.

Haematuria and proteinuria

If the applicant has haematuria and proteinuria, and no known medical condition or other abnormality on their medical assessment, consider an opinion of likely ASH or AWC.