

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**

DOB: Age(y/m/d):  
Gender:  
SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

**Clinical Info:**

Total Urine Volume:

Fasting:

**Ordered Items**

Chloride, 24 hr Urine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Chloride, 24 hr Urine</b>					
Chloride, Urine	69		mmol/L	Not Estab.	
<b>Chloride Urine</b>	<b>104</b>	<b>Low</b>	mmol/24 hr	110 - 250	

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 713-856-8288**