LabCorp				ient Report
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 Info	ormation			
Clinical Info:		Fasting		
Total Urine Volume:		Fasting		
Ordered Items				
Chloride. 24 hr Urine TESTS	RESULT	FLAG 1	UNITS REFERENCE INT	ERVAL LAB
Chloride, 24 hr Urine				
Chloride, Urine	69		mmol/L Not Estak	Ο.
Chloride Urine	104	Low mm	ol/24 hr 110 - 25	50
	A			

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

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 713-856-8288

Date Issued:

© 1995-2019 Laboratory Corporation of America® Holdings All Rights Reserved - Enterprise Report Version: 1.00