

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Urine Volume (mL) / Duration (HR): 3700/24

Test Name	In Range	Out Of Range	Reference Range	Lab
CHLORIDE W/O CREATININE, 24 HOUR URINE CHLORIDE, 24 HOUR URINE Urine Volume (mL) / Duration	196 (HR):		31-260 mmol/24 h 3700/24	

PERFORMING SITE:

TP