

## Chloride

### Acceptable Tube Types



<b>Alternate Name:</b>	Cl
<b>Performing Lab:</b>	New Hanover and Cape Fear
<b>Specimen Container:</b>	Yellow serum separator tube or Green top tube (lithium heparin) or Red top tube
<b>Minimum Volume Required:</b>	1.0 mL
<b>Testing Availability</b>	<b>Routine:</b> 24 hours/day <b>Stat:</b> Yes
<b>Turnaround Time:</b>	<b>Routine:</b> 4 hours <b>Stat:</b> < 1 hour
<b>Special Handling:</b>	None
<b>Patient Preparation:</b>	None
<b>Specimen Stability:</b>	
<b>Reference Range:</b>	98 – 107 mmol/L
<b>Critical Value:</b>	> 149 mmol/L
<b>CPT Code:</b>	82435
<b>Testing Methodology:</b>	IMT (Integrated multi-sensor technology)
<b>Causes for Specimen Rejection:</b>	Improper labeling
<b>Other Comments:</b>	
<b>Clinical Significance:</b>	Chloride is increased in dehydration, with ammonium chloride administration, with renal tubular acidosis and with excessive infusion of normal saline. Chloride is decreased with overhydration, congestive failure, syndrome of inappropriate secretion of ADH, vomiting, gastric suction, chronic respiratory acidosis, Addison disease, salt-losing nephritis, burns, metabolic alkalosis, and in some instances of diuretic therapy.