

---

**Lab Dept:** Urine/Stool

**Test Name:** CHLORIDE, RANDOM URINE

---

***General Information***

**Lab Order Codes:** UCLR

**Synonyms:** Cl, Random Urine; Chloride, Random Urine

**CPT Codes:** 82436 – Chloride, urine

**Test Includes:** Urine chloride concentration in mmol/L.

---

***Logistics***

**Test Indications:** Chloride is the major extracellular anion which is filtered from the plasma by the kidney glomeruli and is passively reabsorbed in the proximal tubules. Useful in the evaluation of kidney function. An indicator of fluid balance and acid-base homeostasis.

**Lab Testing Sections:** Chemistry

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 - 2 days

**Special Instructions:** N/A

---

***Specimen***

**Specimen Type:** Urine, random collection (No preservative)

**Container:** Plastic leakproof container (No preservative)

**Draw Volume:** 1 - 5 mL from a random urine collection

**Processed Volume:** 1 – 5 mL (Minimum: 0.5 mL) urine

**Collection:** A random urine sample may be obtained by voiding into a urine cup and is often performed at the laboratory. Bring the refrigerated container to the lab. Make sure all specimens submitted to the laboratory are properly labeled with the patient's name, medical record number and date of birth.

**Special Processing:** N/A

**Patient Preparation:** None

**Sample Rejection:** Mislabeled or unlabeled specimens

---

### ***Interpretive***

**Reference Range:** No reference ranges established for random urine samples  
Interpret with other clinical data.

Interpretation: Urine sodium and chloride excretion are similar and, under steady state conditions, both the urinary sodium and chloride excretion reflect intake of sodium chloride (NaCl). During states of extracellular volume depletion, low values indicate appropriate renal reabsorption of these ions, whereas elevated values indicate inappropriate excretion (renal wasting). Urinary sodium and chloride excretion may be dissociated during metabolic alkalosis with volume depletion where urine sodium excretion may be high (due to renal excretion of NaHCO<sub>3</sub>) while urine chloride excretion remains appropriately low.

**Critical Values:** N/A

**Limitations:** High urine values of other halide ions (eg, bromide, fluoride, iodide) may lead to falsely high readings on the chloride ion-selective electrode (ISE).

**Methodology:** Potentionmetric, Indirection-Selective Electrode (ISE)

**References:** [Mayo Clinic Laboratories](#) October 2020

**Updates:** 10/20/2020: Testing moved from inhouse test to Mayo.