## Chloride

CPT Code: 82435 Order Code: C106 ABN Requirement: No Synonyms: CL-Specimen: Serum Volume: 0.5 mL Minimum Volume: 0.2 mL Container: Gel-barrier tube (SST, Tiger Top)

## **Collection:**

- 1. Collect and label sample according to standard protocols.
- 2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
- 3. Allow blood to clot 30 minutes.
- 4. Centrifuge for 10 minutes.

**Transport:** Store serum at 2°C to 8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

## **Stability:**

Ambient (15-25°C): 7 days Refrigerated (2-8°C): 7 days Frozen (-20°C): stable

**Causes for Rejection:** Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Ion Specific Electrode (ISE)

Turn Around Time: 1 to 3 days

## **Reference Range**:

| Age      | mmol/L |
|----------|--------|
| All Ages | 95-108 |

Clinical Significance: Serum chloride is the major extracellular anion and

counter-balances the major cation, sodium, maintaining electrical neutrality of the body fluids. Two thirds of the total anion concentration in extracellular fluids is chloride and it is significantly involved in maintaining proper hydration and osmotic pressure. Movement of chloride ions across the red blood cell membrane is essential for the transport of biocarbonate ions in response to changing concentrations of carbon dioxide. Chloride measurements are used in the diagnosis and treatment of electrolyte and metabolic disorders such as cystic fibrosis and diabetic acidosis.

**Limitations:** Chloride content is stable when the sample is stored in a tightly closed container. Falsely high chloride values have been reported from patients receiving perchlorate medication. This is due to an interference of perchlorate ion with chloride ISE determination.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.