

Sodium, Serum

Reporting Title: Sodium, S **Performing Location:** Rochester

Necessary Information: Patient's age and sex are required.

Specimen Requirements:

| Collection Container/Tube: |
|---|
| Preferred: Serum gel |
| Acceptable: Red top |
| Submission Container/Tube: Plastic vial |
| Specimen Volume: 0.5 mL |
| Collection Instructions: |
| |

1. Serum gel tubes should be centrifuged within 2 hours of collection.

2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

Forms:

If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form (T724) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 14 days | |
| | Ambient | 14 days | |

Result Codes:

| Result ID | Reporting Name | Туре | Unit | LOINC® |
|-----------|----------------|---------|--------|--------|
| NAS | Sodium, S | Numeric | mmol/L | 2951-2 |

LOINC[®] and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information: 84295

Reference Values:

<1 year: not established > or =1 year: 135-145 mmol/L