
Reporting Title: Electrolyte and Osmolality Panel, F
Performing Location: Rochester**Ordering Guidance:**

This test is only clinically valid if performed on watery specimens. In the event a formed fecal specimen is submitted, the test will not be performed.

Specimen Requirements:

Patient Preparation: No barium, laxatives, or enemas may be used for 96 hours prior to start of, or during, collection.
Supplies: Stool containers-24, 48, 72 Hour Kit (T291) Note: A random collection is required, but may be submitted in containers provided for timed collection.

Container/Tube: Stool container

Specimen Volume: 10 g

Collection Instructions:

1. Collect a very liquid, random stool specimen.
2. Do not add preservative to the specimen. If a preservative is added, testing will be canceled.

Specimen Minimum Volume:

5 g

Forms:

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------|----------|-------------------|
| Fecal | Frozen (preferred) | 14 days | |
| | Refrigerated | 7 days | |
| | Ambient | 48 hours | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------|---------|--------|---------|
| NA_F | Sodium, F | Numeric | mmol/L | 15207-4 |
| K_F | Potassium, F | Numeric | mmol/L | 15202-5 |

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|---------------------------------------------------|---------|---------|---------|
| CL_F | Chloride, F Also used by tests: CL_F | Numeric | mmol/L | 15158-9 |
| OSMOF | Osmolality, F Also used by tests: OSMOF | Numeric | mOsm/kg | 2693-0 |
| MG_F | Magnesium, F Also used by tests: MG_F | Numeric | mg/dL | 29911-5 |
| OG_F | Osmotic Gap, F | Numeric | mOsm/kg | 73571-2 |
| POU_F | Phosphorus, F Also used by tests: POU_F | Numeric | mg/dL | 88713-3 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|----------------|-----------|----------|------------------|----------------------|
| NA_F | Sodium, F | | | Yes | No |
| K_F | Potassium, F | | | Yes | No |
| CL_F | Chloride, F | | | Yes | Yes |
| OSMOF | Osmolality, F | | | Yes | Yes |
| MG_F | Magnesium, F | | | Yes | Yes |
| OG_F | Osmotic Gap, F | | | Yes | No |
| POU_F | Phosphorus, F | | | Yes | Yes |

CPT Code Information:

82438-Chloride
83735-Magnesium
84302-Sodium
84100-Phosphorus
84999 x 2-Osmolality, Potassium

Reference Values:

An interpretive report will be provided