

**Reporting Title:** Osmolality, U**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Urine Tubes, 10 mL (T068)

Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 5 mL

Collection Instructions: Collect a random urine specimen

**Specimen Minimum Volume:**

1 mL

**Forms:**

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

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	7 days	
	Frozen	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
UOSMU	Osmolality, U	Numeric	mOsm/kg	2695-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

83935

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**Reference Values:**

0-11 months: 50-750 mOsm/kg  
> or =12 months: 150-1,150 mOsm/kg