

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

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.25 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
Serum	Refrigerated (preferred)	7 days	
	Frozen	7 days	
	Ambient	24 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
UOSMS	Osmolality, S	Numeric	mOsm/kg	2692-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83930

Reference Values:

275-295 mOsm/kg