



# Chloride

## Synonyms

Cl

## Clinical Indication

Chloride values usually reflect sodium levels making the test virtually obsolete. Exceptions include severe vomiting where the loss of chloride may be severe (e.g. pyloric stenosis) with a rise in bicarbonate.

## Part of Profile / See Also

## Request Form

Combined Pathology manual Blood form or ICE request

## Availability / Frequency of Analysis

On request.

## Turnaround Time

Same day

## Patient Preparation

None

## Sample Requirements

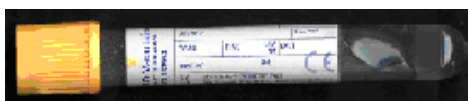
### Specimen Type

Serum and plasma

### Volume

2 ml

### Acceptable Containers



Yellow top (SST) tube



Green top (lithium-heparin) tube



paediatric orange top (lithium-heparin)



paediatric green top (lithium-heparin)

Plain serum samples may also be used.

## Reference Range & Units

Serum Chloride: 95 - 108 mmol/L

Reference: Pathology Harmony Group, Clinical Biochemistry Outcomes, January 2011 ([www.pathologyharmony.co.uk](http://www.pathologyharmony.co.uk))

## Interferences

## Interpretation & Clinical

### Decision Value (if applicable)

Increased levels of chloride usually indicate dehydration, but can also occur with any other problem that causes high blood sodium. Hyperchloraemia also occurs when too much alkaline fluid is lost from the body (producing metabolic acidosis), or hyperventilation (causing respiratory alkalosis).

Decreased levels of chloride occur with any disorder that causes hyponatraemia. Hypochloraemia also occurs with prolonged vomiting or gastric suction, chronic diarrhoea, emphysema, or other chronic lung disease

(causing respiratory acidosis), and with loss of acid from the body (metabolic alkalosis).

**References**

**Test code**

CL

**Lab Handling**

Analysed from primary tube and stored at 4°C.  
Serum and plasma stable for 7days at 2-8°C.