**PROCESSED AT :**
**Thyrocare**

Thyrocare
Tests you can trust

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*9 out of 10 Doctors Trust that Thyrocare Reports are **Accurate & Reliable***

**NAME** : XXXXXXXXXXXXXXXX
**REF. BY** : XXXXXXXXXXXXXXXX
**TEST ASKED** : CHLORIDE

**SAMPLE COLLECTED AT :**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| TEST NAME | TECHNOLOGY | VALUE | UNITS |
|---|---|---|---|
| CHLORIDE | I.S.E | 105.7 | mmol/L |

**Bio. Ref. Interval. :**
ADULTS: 98-107 MMOL/L

Clinical Significance :
An increased level of blood chloride (called hyperchloremia) usually indicates dehydration, but can also occur with other problems that cause high blood sodium, such as Cushing syndrome or kidney disease. Hyperchloremia also occurs when too much base is lost from the body (producing metabolic acidosis) or when a person hyperventilates (causing respiratory alkalosis). A decreased level of blood chloride (called hypochloremia) occurs with any disorder that causes low blood sodium. Hypochloremia also occurs with congestive heart failure, prolonged vomiting or gastric suction, Addison disease, emphysema or other chronic lung diseases (causing respiratory acidosis), and with loss of acid from the body (called metabolic alkalosis).

**Method :** ION SELECTIVE ELECTRODE

**Please correlate with clinical conditions.**

**~~ End of report ~~**

Dummy Report

**Sample Collected on (SCT)** : Sample collection time
**Sample Received on (SRT)** : Sample receiving time at Lab
**Report Released on (RRT)** : Report release time
**Sample Type** : SERUM
**Labcode** :
**Barcode** :

Doctor 1 Sign Doctor 2 Sign