

Electrolyte Panel Test Request Form

Patient Information

Name:

Date of Birth:

Gender:

Contact Information:

Medical Record Number:

Clinical Details

Reason for Test:

Symptoms:

Medical History:

Current Medications:

Electrolytes to be Tested

- Sodium (Na⁺)
- Potassium (K⁺)
- Chloride (Cl⁻)
- Bicarbonate (HCO₃⁻)

Sample Collection Information

Date of Collection:

Time of Collection:

Site of Collection:

Special Instructions:

Physician/Provider Information

Name:

Medical License Number:

Contact Information:

Laboratory Use Only

Sample ID:

Date Received:

Date Analyzed:

Results (mmol/L)Sodium (Na⁺):Potassium (K⁺):Chloride (Cl⁻):Bicarbonate (HCO₃⁻):**Interpretation** Normal Abnormal**Comments/Notes:****Provider's Signature:****Date:**