

|  |                 |                   |                                   |                  |  |   |                             |        |
|--|-----------------|-------------------|-----------------------------------|------------------|--|---|-----------------------------|--------|
| Patient Last, First Name, M.I. (Required)  |                 |                   | Date of birth (Required)          |                  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |   | Mail results to: (Required) |        |
| Collection date  | Collection time | Patient ID        | Diagnosis (ICD-9) code            |                  |  |   |                             |        |
| Referring physician and specialty  |                 |                   | Physician UPIN#                   | Physician NPI#   |  |   |                             |        |
| Secure fax # for lab results   |                 | Physician phone # |                                   | Facility phone # |  |   |                             | P.O. # |
| <b>**COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS**</b>  |                 |                   |                                   |                  |  |   |                             |        |
| Please Bill:<br><input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid<br><input type="checkbox"/> Patient (Pre-Pay)<br><input type="checkbox"/> Check <input type="checkbox"/> Money Order<br><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover |                 |                   | Responsible Party (Last, First,): |                  |  | Medicare (HIC) #                                    |                             |        |
| Name on Card _____   |                 |                   | Street Address:                   |                  |  | Colorado Medicaid ID #                              |                             |        |
| Credit Card # _____  |                 |                   | City                              | State            | Zip  | Social Security #                                   |                             |        |
| Exp. Date _____ CVV Code _____   |                 |                   | Telephone #                       |                  |  | Patient bills must be prepaid or accompany specimen |                             |        |

**TOTAL COMPLEMENT ASSAYS**

- \_\_\_ CH50 CH50, total classical pathway activity by hemolytic assay
- \_\_\_ AH50 AH50, alternative pathway activity by hemolytic assay

**FUNCTIONAL HEMOLYTIC ASSAYS FOR INDIVIDUAL COMPONENTS**

- \_\_\_ C1QH C1q function by hemolytic assay
- \_\_\_ C1F C1 function by hemolytic assay
- \_\_\_ C2F C2 function by hemolytic assay
- \_\_\_ C3F C3 function by hemolytic assay
- \_\_\_ C4F C4 function by hemolytic assay
- \_\_\_ C5F C5 function by hemolytic assay
- \_\_\_ C6F C6 function by hemolytic assay
- \_\_\_ C7F C7 function by hemolytic assay
- \_\_\_ C8F C8 function by hemolytic assay
- \_\_\_ C9F C9 function by hemolytic assay
- \_\_\_ PFBF Factor B function by hemolytic assay
- \_\_\_ FDF Factor D function by hemolytic assay
- \_\_\_ CEIF C1-esterase inhibitor function by ELISA (C1-INH)
- \_\_\_ C59S Rapid screen for deficiency of late components (C5 - C9)

**CONCENTRATIONS OF INDIVIDUAL COMPONENTS**

- \_\_\_ C1Q C1q level by RID
- \_\_\_ C1RL C1r level by RID
- \_\_\_ C1SL C1s level by RID
- \_\_\_ C2L C2 level by RID
- \_\_\_ C3 C3 level by nephelometry
- \_\_\_ C4 C4 level by nephelometry
- \_\_\_ C5L C5 level by RID
- \_\_\_ C6L C6 level by RID
- \_\_\_ C7L C7 level by RID
- \_\_\_ C8L C8 level by RID
- \_\_\_ C9L C9 level by RID
- \_\_\_ FBL Factor B level by RID (properdin factor B, or C3PA)
- \_\_\_ FH Factor H level by RID (β-1H)
- \_\_\_ FIL Factor I level by RID (C3b-INA,KAF)
- \_\_\_ PROP Properdin level by ELISA
- \_\_\_ CEIQ C1-esterase inhibitor level by ELISA (C1-INH)
- \_\_\_ MLEC Mannose binding lectin by ELISA
- \_\_\_ CIC Circulating immune complexes (C1q-binding and C3d)

**INDIVIDUAL COMPLEMENT SPLIT PRODUCT LEVELS**

- (CP = classical pathway activation, AP = alternative pathway activation)
- \_\_\_ C3AL C3ades Arg level by RIA (C3 anaphylatoxin)(CP and/or AP)
  - \_\_\_ C4AL C4ades Arg level by RIA (C4 anaphylatoxin)(CP)
  - \_\_\_ C5AL C5ades Arg level by RIA (C5 anaphylatoxin, complement derived chemotactic factor) (CP and/or AP)
  - \_\_\_ IC3B iC3b level by ELISA (CP and/or AP)
  - \_\_\_ C4D C4d level by ELISA (CP)
  - \_\_\_ BBL Bb level by ELISA (AP)
  - \_\_\_ SC5B9 SC5b-9 level by ELISA (terminal complement complex)
  - \_\_\_ C4RAT Ratio of C4d to C4

**SOLUBLE CYTOKINES**

- \_\_\_ GMCSF Granulocyte macrophage colony stimulating factor
- \_\_\_ ILONEA Interleukin 1 alpha
- \_\_\_ ILONEB Interleukin 1 beta
- \_\_\_ ILTWO Interleukin 2
- \_\_\_ IL3 Interleukin 3
- \_\_\_ IL4 Interleukin 4
- \_\_\_ IL5 Interleukin 5
- \_\_\_ ILSIX Interleukin 6
- \_\_\_ IL8 Interleukin 8
- \_\_\_ IL10 Interleukin 10
- \_\_\_ IL12 Interleukin 12
- \_\_\_ INFBE Interferon beta
- \_\_\_ INFGA Interferon gamma
- \_\_\_ TNFA Tumor necrosis factor alpha
- \_\_\_ INFAL Interferon alpha

**AUTOANTIBODIES TO COMPLEMENT COMPONENTS**

- \_\_\_ C3NEF C3 nephritic factor by 2-D Immunoelectrophoresis
- \_\_\_ C1QAB Autoantibody to C1q by ELISA (C1q-CLR)
- \_\_\_ CEIAP Autoantibody to C1-inhibitor by ELISA

COMMENTS: \_\_\_\_\_

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