



Form with fields: Patient Last, First Name, M.I. (Required), Date of birth (Required), Male/Female checkboxes, 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. #

\*\*COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS\*\*

Form with fields: Please Bill: Medicare, Colorado Medicaid, Patient (Pre-Pay), Check, Money Order, Visa, MasterCard, AMEX, Discover; Name on Card; Credit Card #; Exp. Date; CVV Code; Responsible Party (Last, First); Street Address; City, State, Zip; Telephone #; Medicare (HIC) #; Colorado Medicaid ID #; Social Security #; Patient bills must be prepaid or accompany specimen

TOTAL COMPLEMENT ASSAYS

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

FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS

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

CONCENTRATIONS OF INDIVIDUAL COMPONENTS

- C1Q P C1q level by RID
C1RL P C1r level by RID
C1SL P C1s level by RID
C2L P C2 level by RID
C3 S C3 level by nephelometry
C4 S C4 level by nephelometry
C5L P C5 level by RID
C6L P C6 level by RID
C7L P C7 level by RID
C8L P C8 level by RID
C9L P C9 level by RID
FBL P Factor B level by RID
FDL P Factor D level by ELISA
FH P Factor H level by RID
FIL P Factor I level by RID
PROP P Properdin level by ELISA
CEIQ P C1-esterase inhibitor level by RID (C1-INH)
MLEC S Mannose binding lectin by ELISA
CIC P Circulating immune complexes (C1q-binding and C3d)

INDIVIDUAL COMPLEMENT SPLIT PRODUCT LEVELS

- C3AL P C3ades Arg level by RIA
C4AL P C4ades Arg level by RIA
C5AL P C5ades Arg level by RIA
IC3B P IC3b level by ELISA
C4D P C4d level by ELISA
BBLL P Bb level by ELISA
SC5B9 P SC5b-9 level by ELISA
C4RAT P+S Ratio of C4d to C4

SOLUBLE CYTOKINES (Please circle sample type sent)

- GMCSF P S Granulocyte macrophage colony stimulating factor
ILONEA P S Interleukin 1 alpha
ILONEB P S Interleukin 1 beta
ILTWO P S Interleukin 2
IL3 P S Interleukin 3
IL4 P S Interleukin 4
IL5 P S Interleukin 5
ILSIX P S Interleukin 6
IL8 P S Interleukin 8
IL10 P S Interleukin 10
IL12 P S Interleukin 12
IL13 P S Interleukin 13
INFBE P S Interferon beta
INFGA P S Interferon gamma
TNFA P S Tumor necrosis factor alpha
INFAL P S Interferon alpha

AUTOANTIBODIES TO COMPLEMENT COMPONENTS

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

MOLECULAR GENETIC TESTING: (Buccal Swab, or Whole Blood)

- MTMRL Specify Gene to be Tested

COMMENTS:

S - Serum P - EDTA Plasma