Advanced Diagnostic Laboratories National Jewish Health® Client Services | 800.550.6227 | 303.270.2175 fax | njlabs.org

Complement Testing

SHIP TO: National Jewish Health

Complement Laboratory 1400 Jackson Street, Room D201 Denver, CO 80206

1. PATIENT INFORMATION											
Patient Name (Last, First) DOB Male Female Neutral											
2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY								T DELIVERY INFORMA	TION		
National Jewish Health Advanced Diagnostic Laboratories does not bill patients Same as Bil							Address				
directly or third-party health insurance. Visit njlabs.org or call for details.						Client ID					
Client ID						Client Name					
Client Name A						Address					
Address						City State Zip					
City State Zip						Phone Secure Fax					
Phone □ □						☐ Duplicate Report Requested Attn:					
Secure Fax Phone							Secure Fax				
4. SPECIMEN INFORMATION											
Specimen Source: ☐ Serum ☐ Plasma ☐ Blood ☐ Urine ☐ Other						Collect Date Collect Time					
Form completed by						Submitter Specimen #					
Date Phone							_				
5. TOTAL COMPLEMENT ACTIVITY ASSAYS							10. CONCENTRATIONS OF INDIVIDUAL COMPONENTS				
SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED							PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED				
□СН50	Total classical pathway activity by	□ан				ру	□C1QL	C1q level by RID			
hemolytic titration hemolytic titration							□C1RL	C1r level by RID			
6. FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS							□C1SL	C1s level by RID			
SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED							□C2L	C2 level by RID			
□C1QF	C1q function by hemolytic assay C8 function by hemolytic						□C5L	C5 level by RID			
□C1F	C1 function by hemolytic assay	□C9F	C9 fur	nction by hemolytic	assay		□C6L	C6 level by RID			
□C2F	C2 function by hemolytic assay	□FBF	Facto	r B function by hem	olytic a	ssay	□C7L	C7 level by RID			
□C3F	C3 function by hemolytic assay	□FDF	Facto	r D function by hem	olytic a	ssay	□C8L	C8 level by RID			
□C4F	C4 function by hemolytic assay	□INHF	C1 es	terase inhibitor fund	hromogenic	□C9L	C9 level by RID				
□C5F	C5 function by hemolytic assay	□C59S	Rapid	screen for C5F, C6F,	F, C9F, CH50	□CIC	Circulating immune comp	olexes (C1q-bi	nding and C3d)		
□C6F	C6 function by hemolytic assay	□FHF	Facto	r H function by hem	nolytic a	ssay	□INHLP	P C1-esterase inhibitor level by Turbidimetric (C1-INH)			
□C7F	C7 function by hemolytic assay						□FHL	IL Factor H level by RID			
7. AUTOANTIBODIES TO COMPLEMENT COMPONENTS							□FIL	Factor I level by RID			
SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED							☐ FBL Factor B level by RID				
☐C3NF C3 nephritic factor by Immunofixation ☐INHA Autoantibody to					C1-inhi	ibitor	SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED				
					by ELISA		□С3	C3 level			
□C1QAB	Autoantibody to C1q by ELISA (C1q-CLR)				Factor	H by ELISA	□C4	C4 level			
8. COMPLEMENT KIDNEY PANELS							□INHLS	C1-esterase inhibitor lev	el by Turbidir	netric (C1-INH)	
SEE INDIVIDUAL TESTS FOR SPECIMEN SOURCE REQUIREMENTS								INTERNAL US	E ONLY		
□C3GN	C3 Glomerulopathy C3GN, DDD or Unknown Subclass Panel includes AH50, CH50, FBL, BbL, C3NEF, FHL, FIL, CD46, sC5b9 Specimen sources required: serum, plasma and whole blood										
□LNP	Lupus Nephritis Panel includes C3NEF , CIC, C1QAB Specimen sources required: serum and plasma			HUS Panel includes Specimen sources rec serum and whole blo							
9. INDIVIDUAL COMPLEMENT SPLIT PRODUCT											
PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED											
□C3AR	C3a desArg level by RIA		BBL	Bb level by ELISA			1				
□C4AR	C4a desArg level by RIA	RIA SC5B9 sC5b-9 level by ELISA			.ISA		1				
□C5AR	5a desArg level by RIA					1					