

Complement Testing

1. PATIENT INFORMATION

Patient Name (Last, First) DOB ___ / ___ / _____

Male Female Neutral/Other Unknown

2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY

National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.

Client ID

Client Name

Address

City State Zip

Phone Secure Fax

3. REPORT DELIVERY INFORMATION

Same as Billing Address

Client ID

Client Name

Address

City State Zip

Phone Secure Fax

4. SPECIMEN INFORMATION

Specimen Source: Serum EDTA Plasma Blood Urine

Form completed by

Date

Collect Date

Collect Time

Submitter Specimen #

Phone

5. TOTAL COMPLEMENT ACTIVITY ASSAYS

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

CH50

Total classical pathway activity by hemolytic titration

AH50

Alternative pathway activity by hemolytic titration

6. FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

<input type="checkbox"/> C1QF	C1q function by hemolytic assay	<input type="checkbox"/> C7F	C7 function by hemolytic assay
<input type="checkbox"/> C1F	C1 function by hemolytic assay	<input type="checkbox"/> C8F	C8 function by hemolytic assay
<input type="checkbox"/> C2F	C2 function by hemolytic assay	<input type="checkbox"/> C9F	C9 function by hemolytic assay
<input type="checkbox"/> C3F	C3 function by hemolytic assay	<input type="checkbox"/> FBF	Factor B function by hemolytic assay
<input type="checkbox"/> C4F	C4 function by hemolytic assay	<input type="checkbox"/> FDF	Factor D function by hemolytic assay
<input type="checkbox"/> C5F	C5 function by hemolytic assay	<input type="checkbox"/> FHF	Factor H function by hemolytic assay
<input type="checkbox"/> C6F	C6 function by hemolytic assay	<input type="checkbox"/> INHF	C1 esterase inhibitor function, Chromogenic

7. AUTOANTIBODIES TO COMPLEMENT COMPONENTS

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

<input type="checkbox"/> C3NF	C3 nephritic factor by Immunofixation Electrophoresis
<input type="checkbox"/> INHA	Autoantibody to C1-inhibitor by ELISA
<input type="checkbox"/> FHAB	Autoantibody to Factor H by ELISA

8. COMPLEMENT KIDNEY PANELS

SEE INDIVIDUAL TESTS FOR SPECIMEN SOURCE REQUIREMENTS*

C3GN C3 Glomerulopathy C3GN, DDD or Unknown Subclass Panel includes AH50, CH50, FBL, BbL, C3NF, FHL, FIL, CD46**, sC5b9
 Specimen sources required: serum, plasma and whole blood**

LNP Lupus Nephritis Panel includes C3NF, CIC AHUS aHUS Panel includes FHF, FIL, C3F, CD46**
 Specimen sources required: serum and plasma Specimen sources required: plasma, serum and whole blood**

9. INDIVIDUAL COMPLEMENT SPLIT PRODUCT

PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

<input type="checkbox"/> C3AR	C3a desArg level by RIA	<input type="checkbox"/> C5AR	C5a desArg level by RIA	<input type="checkbox"/> SC5B9	sC5b-9 level by ELISA
<input type="checkbox"/> C4AR	C4a desArg level by RIA	<input type="checkbox"/> BBL	Bb level by ELISA	<input type="checkbox"/> SC59U	sC5b-9 level by ELISA (Urine)

10. CONCENTRATIONS OF INDIVIDUAL COMPONENTS

PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

<input type="checkbox"/> C1Q	C1q level by RID	<input type="checkbox"/> C5L	C5 level by RID	<input type="checkbox"/> CIC	Circulating immune complexes (C1q-binding and C3d)	<input type="checkbox"/> FHL	Factor H level by RID
<input type="checkbox"/> C1RL	C1r level by RID	<input type="checkbox"/> C6L	C6 level by RID	<input type="checkbox"/> C8L	C8 level by RID	<input type="checkbox"/> FIL	Factor I level by RID
<input type="checkbox"/> C1SL	C1s level by RID	<input type="checkbox"/> C7L	C7 level by RID	<input type="checkbox"/> C9L	C9 level by RID	<input type="checkbox"/> FBL	Factor B level by RID
<input type="checkbox"/> C2L	C2 level by RID						

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED*

<input type="checkbox"/> C3	C3 level	<input type="checkbox"/> C4	C4 level	<input type="checkbox"/> CEISL	C1-esterase inhibitor level by Turbidimetric (C1-INH)
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* To prevent unnecessary delays in testing, please send one aliquot per test request.

** CD46 requires whole blood from either a Green top (Sodium or Lithium Heparin) or Lavender top (EDTA) tube; Stable for 24 hours at room temperature (18-22°