

# 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/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.

### 3. REPORT DELIVERY INFORMATION

Client ID

Same as Billing Address

Client Name

Client ID

Address

Client Name

City

State

Zip

Address

City State Zip

Phone

Secure Fax

Phone Secure Fax

### 4. SPECIMEN INFORMATION

Specimen Source:  Serum  EDTA Plasma  Blood  Urine

### 5. TOTAL COMPLEMENT ACTIVITY ASSAYS

Form completed by

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED\*

Date

CH50 Total classical pathway activity by hemolytic titration

Collect Date

Collect Time

Submitter Specimen #

AH50 Alternative pathway activity by hemolytic titration

Phone

### 6. FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS

SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED\*

| 6. FUNCTIONAL ASSAYS FOR INDIVIDUAL COMPONENTS   |                                 |                               | 7. AUTOANTIBODIES TO COMPLEMENT COMPONENTS       |   |
|--|---------------------------------|-------------------------------|--|---|
| SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED* |                                 |                               | 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"/> C3NF C3 nephritic factor by Immunofixation Electrophoresis |
| <input type="checkbox"/> C1F                     | C1 function by hemolytic assay  | <input type="checkbox"/> C8F  | C8 function by hemolytic assay                   | <input type="checkbox"/> INHA Autoantibody to C1-inhibitor by ELISA                 |
| <input type="checkbox"/> C2F                     | C2 function by hemolytic assay  | <input type="checkbox"/> C9F  | C9 function by hemolytic assay                   | <input type="checkbox"/> FHAB Autoantibody to Factor H by ELISA                     |
| <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      |   |

### 8. COMPLEMENT KIDNEY PANELS

SEE INDIVIDUAL TESTS FOR SPECIMEN SOURCE REQUIREMENTS\*

|                               |  |                               |   |  |  |
|-------------------------------|--|-------------------------------|---|--|--|
| <input type="checkbox"/> C3GN | C3 Glomerulopathy C3GN, DDD or Unknown Subclass Panel includes AH50, CH50, FBL, BbL, C3NF, FHL, FIL, CD46**, sC5b9<br>Specimen sources required: serum, plasma and whole blood** |                               |   |  |  |
| <input type="checkbox"/> LNP  | Lupus Nephritis Panel includes C3NF, CIC, C1QAB<br>Specimen sources required: serum and plasma   | <input type="checkbox"/> AHUS | aHUS Panel includes FHF, FIL, C3F, CD46**<br>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"/> CEILS | C1-esterase inhibitor level by Turbidimetric (C1-INH) |
|-----------------------------|----------|-----------------------------|----------|--------------------------------|---|

\* 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°C)