

Complement Testing

| 1. PATIENT INFORMATION | | | | | | | | |
|--|--|-------------------------------|---|---|---|------------------------|------------------------------|-----------------------|
| Patient Name (Last, First) | | | | | | DOB ____ / ____ / ____ | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown | | | | | | | | |
| 2. BILLING INFORMATION - INSTITUTIONAL BILLING ONLY | | | | 3. REPORT DELIVERY INFORMATION | | | | |
| National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details. | | | | <input type="checkbox"/> Same as Billing Address | | | | |
| Client ID | | | | Client Name | | | | |
| Client Name | | | | Address | | | | |
| Address | | | | City | | State Zip | | |
| City | | State | | Zip | | Phone | | |
| Phone | | Secure Fax | | Secure Fax | | | | |
| 4. SPECIMEN INFORMATION | | | | 5. TOTAL COMPLEMENT ACTIVITY ASSAYS | | | | |
| Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine | | | | SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED* | | | | |
| Form completed by | | | | <input type="checkbox"/> CH50 | Total classical pathway activity by hemolytic titration | | | |
| Date | | | | | | | | |
| Collect Date | | Collect Time | | <input type="checkbox"/> AH50 | Alternative pathway activity by hemolytic titration | | | |
| Submitter Specimen # | | | | | | | | |
| Phone | | | | | | | | |
| 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"/> C2F | C2 function by hemolytic assay | <input type="checkbox"/> C9F | C9 function by hemolytic assay | <input type="checkbox"/> INHA | Autoantibody to C1-inhibitor 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"/> FHAB | Autoantibody to Factor H by ELISA | | | |
| <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 Specimen sources required: serum, plasma and whole blood** | | | | | | | |
| <input type="checkbox"/> LNP | Lupus Nephritis Panel includes C3NF, C1C, C1QAB Specimen sources required: serum and plasma | | <input type="checkbox"/> AHUS | aHUS Panel includes FHF, FIL, C3F, CD46** 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)