

Complement Testing

1. PATIENT INFORMATION			
Patient Name (Last, First)		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral
		___ / ___ / _____	
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 ID	
Client Name		Client Name	
Address		Address	
City State Zip		City State Zip	
Phone		Phone	
Secure Fax		Secure Fax	
		<input type="checkbox"/> Duplicate Report Requested Attn:	
		Phone Secure Fax	
4. SPECIMEN INFORMATION			
Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> 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	
<input type="checkbox"/> CH50	Total classical pathway activity by hemolytic titration	<input type="checkbox"/> AH50	Alternative pathway activity by hemolytic titration
		<input type="checkbox"/> C1QL	C1q level by RID
		<input type="checkbox"/> C1RL	C1r level by RID
		<input type="checkbox"/> C1SL	C1s level by RID
		<input type="checkbox"/> C2L	C2 level by RID
		<input type="checkbox"/> C5L	C5 level by RID
		<input type="checkbox"/> C6L	C6 level by RID
		<input type="checkbox"/> C7L	C7 level by RID
		<input type="checkbox"/> C8L	C8 level by RID
		<input type="checkbox"/> C9L	C9 level by RID
		<input type="checkbox"/> CIC	Circulating immune complexes (C1q-binding and C3d)
		<input type="checkbox"/> INHLP	C1-esterase inhibitor level by Turbidimetric (C1-INH)
		<input type="checkbox"/> FHL	Factor H level by RID
		<input type="checkbox"/> FIL	Factor I level by RID
		<input type="checkbox"/> FBL	Factor B level by RID
		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"/> C1QAB	Autoantibody to C1q by ELISA (C1q-CLR)	<input type="checkbox"/> FHAB	Autoantibody to Factor H by ELISA
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, C3NEF, FHL, FIL, CD46, sC5b9 Specimen sources required: serum, plasma and whole blood	<input type="checkbox"/> AHUS	aHUS Panel includes FHF, FIL, C3F, CD46 Specimen sources required: plasma, serum and whole blood
<input type="checkbox"/> LNP	Lupus Nephritis Panel includes C3NEF, CIC, C1QAB Specimen sources required: serum and plasma		
9. INDIVIDUAL COMPLEMENT SPLIT PRODUCT			
PLASMA REQUIRED - ONE ALIQUOT PER TEST REQUESTED			
<input type="checkbox"/> C3AR	C3a desArg level by RIA	<input type="checkbox"/> BBL	Bb level by ELISA
<input type="checkbox"/> C4AR	C4a desArg level by RIA	<input type="checkbox"/> SC5B9	sC5b-9 level by ELISA
<input type="checkbox"/> C5AR	C5a desArg level by RIA		