

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	<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 Name		
Client Name			Address		
Address			City	State	Zip
City	State	Zip	Phone Secure Fax		
Phone			<input type="checkbox"/> Duplicate Report Requested		Attn:
Secure Fax			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	
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"/> C8F	C8 function by hemolytic assay		
<input type="checkbox"/> C1F	C1 function by hemolytic assay	<input type="checkbox"/> C9F	C9 function by hemolytic assay		
<input type="checkbox"/> C2F	C2 function by hemolytic assay	<input type="checkbox"/> FBF	Factor B function by hemolytic assay		
<input type="checkbox"/> C3F	C3 function by hemolytic assay	<input type="checkbox"/> FDF	Factor D function by hemolytic assay		
<input type="checkbox"/> C4F	C4 function by hemolytic assay	<input type="checkbox"/> INHF	C1 esterase inhibitor function, Chromogenic		
<input type="checkbox"/> C5F	C5 function by hemolytic assay	<input type="checkbox"/> C59S	Rapid screen for C5F, C6F, C7F, C8F, C9F, CH50		
<input type="checkbox"/> C6F	C6 function by hemolytic assay	<input type="checkbox"/> FHF	Factor H function by hemolytic assay		
<input type="checkbox"/> C7F	C7 function by hemolytic assay				
7. AUTOANTIBODIES TO COMPLEMENT COMPONENTS				SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED	
SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED				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"/> LNP	Lupus Nephritis Panel includes C3NEF, CIC, 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"/> 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				
INTERNAL USE ONLY					