

**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 ID					Client Name				
Client Name					Address				
Address					City		State		Zip
City		State		Zip		Phone		Secure Fax	
Phone		Secure Fax							
4. SPECIMEN INFORMATION									
Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine						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"/> C1Q	C1q level by RID
					<input type="checkbox"/> C1RL	C1r level by RID			
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"/> C1SL	C1s level by RID
<input type="checkbox"/> C1F	C1 function by hemolytic assay			<input type="checkbox"/> C8F	C8 function by hemolytic assay			<input type="checkbox"/> C2L	C2 level by RID
<input type="checkbox"/> C2F	C2 function by hemolytic assay			<input type="checkbox"/> C9F	C9 function by hemolytic assay			<input type="checkbox"/> C5L	C5 level by RID
<input type="checkbox"/> C3F	C3 function by hemolytic assay			<input type="checkbox"/> FBF	Factor B function by hemolytic assay			<input type="checkbox"/> C6L	C6 level by RID
<input type="checkbox"/> C4F	C4 function by hemolytic assay			<input type="checkbox"/> FDF	Factor D function by hemolytic assay			<input type="checkbox"/> C7L	C7 level by RID
<input type="checkbox"/> C5F	C5 function by hemolytic assay			<input type="checkbox"/> FHF	Factor H function by hemolytic assay			<input type="checkbox"/> C8L	C8 level by RID
<input type="checkbox"/> C6F	C6 function by hemolytic assay			<input type="checkbox"/> INHF	C1 esterase inhibitor function, Chromogenic			<input type="checkbox"/> C9L	C9 level by RID
					<input type="checkbox"/> CIC	Circulating immune complexes (C1q-binding and C3d)			
					<input type="checkbox"/> CEILP	C1-esterase inhibitor level by Turbidimetric (C1-INH)			
					<input type="checkbox"/> FHL	Factor H level by RID			
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"/> FIL	Factor I level by RID
<input type="checkbox"/> C1QAB	Autoantibody to C1q by ELISA (C1q-CLR)			<input type="checkbox"/> FHAB	Autoantibody to Factor H by ELISA			<b>SERUM REQUIRED - ONE ALIQUOT PER TEST REQUESTED*</b>	
					<input type="checkbox"/> C3	C3 level			
					<input type="checkbox"/> C4	C4 level			
					<input type="checkbox"/> CEILS	C1-esterase inhibitor level by Turbidimetric (C1-INH)			
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 <i>Specimen sources required: serum, plasma and whole blood</i>								
<input type="checkbox"/> LNP	Lupus Nephritis Panel includes C3NF, CIC, C1QAB <i>Specimen sources required: serum and plasma</i>			<input type="checkbox"/> AHUS	aHUS Panel includes FHF, FIL, C3F, CD46 <i>Specimen sources required: plasma, serum and whole blood</i>				
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									

\* To prevent unnecessary delays in testing, please send one aliquot per test request.