



**Patient Information**

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_  
 Gender:  Female  Male DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Report & Referring Physician Information**

Physician Name (print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Secure Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Billing Information**

Referring Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Specimen & clinical Information**

Specimen Type:  Serum (red top or tiger top)  EDTA Plasma Specimen Collection (Dates/Time): \_\_\_\_\_  
 Is or has the patient received plasma infusion or plasmapheresis?  Yes  No. If Yes Date(s): \_\_\_\_\_  
 Has the patient received a complement inhibitor?  Yes  No If Yes Date: \_\_\_\_\_ Medication: \_\_\_\_\_

**Complement Function Testing (Serum)**

<input type="checkbox"/>	CH50, classical pathway function (Hemolytic Assay)	<input type="checkbox"/>	AH50, alternative pathway Function (Hemolytic Assay)
<input type="checkbox"/>	CP ELISA style classical pathway function assay	<input type="checkbox"/>	AP ELISA style alternative pathway function assay
<input type="checkbox"/>	<i>LB ELISA style lectin pathway function assay Pending</i>	<input type="checkbox"/>	C2 Function (Hemolytic Assay)
<input type="checkbox"/>	C3 Function (Hemolytic Assay)	<input type="checkbox"/>	C4 Function (Hemolytic Assay)
<input type="checkbox"/>	C5 Function (Hemolytic Assay)	<input type="checkbox"/>	C1-INH Chromogenic Function (citrate plasma)

**Complement Activation Markers (EDTA Plasma)**

<input type="checkbox"/>	Bb Alternative Pathway Marker (ELISA)	<input type="checkbox"/>	<i>C4a Classical/Lectin Pathway Marker (ELISA) Pending</i>
<input type="checkbox"/>	C3a Central Point Marker (ELISA)	<input type="checkbox"/>	sC5b-9 Terminal Pathway Marker (ELISA)
<input type="checkbox"/>	C5a Terminal Pathway Marker (ELISA)	<input type="checkbox"/>	

**Complement Levels (Serum)**

<input type="checkbox"/>	C3 Level by Nephelometry	<input type="checkbox"/>	C4 Level by Nephelometry
<input type="checkbox"/>	Factor B Level by Nephelometry	<input type="checkbox"/>	Factor H Level by ELISA

**Comments/ Instructions**

**Specimen Sticker**

**Exsera BioLabs Use ONLY**

Received (Initial/Date) \_\_\_\_\_

Received Condition (Circle)  
 Frozen on Dry Ice \_\_\_\_\_ Thawed \_\_\_\_\_  
 Other: \_\_\_\_\_

Specimen Type & No  
 \_\_\_\_\_ Serum \_\_\_\_\_ EDTA Plasma  
 \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

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Blank area for Specimen Sticker