



1775 Aurora Court  
 Room 3209  
 Aurora, CO 80045  
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UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

**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**

**\*All Fields are mandatory for sample processing**

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)**

CH50, classical pathway function (Hemolytic Assay)	AH50, alternative pathway Function (Hemolytic Assay)
CP ELISA style classical pathway function assay	AP ELISA style alternative pathway function assay
<i>LB ELISA style lectin pathway function assay Pending</i>	C2 Function (Hemolytic Assay)
C3 Function (Hemolytic Assay)	C4 Function (Hemolytic Assay)
C5 Function (Hemolytic Assay)	

**Complement Activation Markers (EDTA Plasma)**

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

**Complement Levels (Serum)**

C3 Level by Nephelometry	C4 Level by Nephelometry
Factor B Level by Nephelometry	Factor H Level by ELISA

**Comments/ Instructions**

**Specimen Sticker**

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**Exsera BioLabs Use Only**

Received (Initial/Date):
Received Condition (Circle) Frozen on Dry Ice    Thawed    Other: _____
Specimen Type & No ____ Serum    ____ EDTA Plasma    ____ Other: _____
Comments: