



Exsera BioLabs

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

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 Aurora, CO 80045
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Patient Diagnostics – Complement Therapeutics

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: _____

Ecuzumab (Soliris®) Related Testing

Rapid CH50 (5 Business Days; Notify lab if faster needed) <i>(Serum)</i>	Ecuzumab Panel: CH50, sC5b-9, C5Function, and C3a. <i>(Requires serum and EDTA plasma sample)</i>
Rapid sC5b-9 (5 Business Days) <i>(EDTA Plasma)</i>	
C5 Function (15 Business Days) <i>(Serum)</i>	Intact C3 Level (15 Business Days) <i>(EDTA Plasma)</i>

Hereditary Angioedema Testing (15 Business Days)

C1-INH Function (Chromogenic) (Citrate Plasma)	Difficult HAE Patient Panel: C1-INH Function (Chromogenic), C4/C4d Ratio (Citrate Plasma & EDTA Plasma)
C4/C4d Ratio (EDTA Plasma)	
C4 Intact Level (EDTA Plasma)	

Complement Activation Markers (EDTA Plasma -15 Business Days)

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)	Ba Alternative Pathway Marker (ELISA)

Complement Levels and Function (Serum) (15 Business Days)

C3 Level by Nephelometry	C4 Level by Nephelometry
Factor B Level by Nephelometry	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: