Cincinnati Children's
change the outcome®

Nephrology Requisition Form

Patient Name

Address

City State Zip

Phone

Date of Birth Sex ☐ M ☐ F

Insurance / Network

Insurance Address

City State Zip

Phone

Subs. ID Group #

Subs. Name Relation

Subs. Address

City State Zip

Ordering Physician

Address

City State Zip

Phone Fax

Signature

Shipping

SHIP SAMPLES FROZEN

Cincinnati Children's Hospital Medical Center
ATTN: Lab Processing B-4
3333 Burnet Avenue
Cincinnati, Ohio 45229

Complement Testing	*order panel / individual components*	
TEST	**CPT CODE**	**SAMPLE TYPE**
COMPLEMENT PROFILE	86160 x 15	☐ SER
C2-COMPLEMENT	86160	☐ SER
C3-COMPLEMENT	86160	☐ SER
C4-COMPLEMENT	86160	☐ SER
C5-COMPLEMENT	86160	☐ SER
C6-COMPLEMENT	86160	☐ SER
C7-COMPLEMENT	86160	☐ SER
C8-COMPLEMENT	86160	☐ SER
C9-COMPLEMENT	86160	☐ SER
FACTOR B	86160	☐ SER
C1 ESTERASE INHIBITOR	86160	☐ SER
FACTOR I	86160	☐ SER
FACTOR H	86160	☐ SER
C1q	86160	☐ SER
PROPERDIN	86160	☐ SER
C4 BINDING PROTEIN	86160	☐ SER
C3 NEPHRITIC FACTOR (C3NEF)	86160 x 4	☐ SER
C3 NEPHRITIC PROFILE C3NeF, C3, C5, C6, C7, C8, C9	86160 x 10	☐ SER
HANE PROFILE/ SLE PROFILE C1 INH, C2, C3, C4	86160 x 4	☐ SER
NUTRITIONAL PROFILE C3, FAC B, FAC I, FACT H	86160 x 4	☐ SER

CLINICAL INFORMATION IF AVAILABLE

Date of previous kidney biopsy, if any?

If previous kidney biopsy was performed, what was the diagnosis?

SER = serum

Serum Protein

order panel/individual components

TEST	CPT CODE	SAMPLE TYPE
SERUM PROTEIN PROFILE	82784 x 3 + 86160 x 2 + 82040 x 2	☐ SER
ALBUMIN	82040	☐ SER
HS C-REACTIVE PROTEIN	86141	☐ SER
TRANSFERRIN	84466	☐ SER
IgA	82784	☐ SER
IgG	82784	☐ SER
IgM	82784	☐ SER
C3-COMPLEMENT	86160	☐ SER
C4-COMPLEMENT	86160	☐ SER
HAPTOGLOBIN	83010	☐ SER
IMMUNOGLOBULIN PROFILE IgG, IgA, IgM	82784 x 3	☐ SER
IgG SUBCLASSES IgG, IgG1, IgG2, IgG3, IgG4	82874 + 82787 x 4	☐ SER
IgG INDEX CSF: IgG, ALB SER: IgG, ALB	82784 x 2 + 82040 x 2	☐ CSF + SER
CYSTATIN C	82610	☐ SER
RHEUMATOID FACTOR	86431	☐ SER
ANTI STREPTOLYSIN O	86060	☐ SER

Urine Protein

order panel/individual components

TEST	CPT CODE	SAMPLE TYPE
URINARY MICROALBUMIN	82043	☐ UR

SER = serum; PPP = platelet-poor plasma

aHUS/TTP (TMA) Profile

order panel/individual components

TEST	CPT CODE	SAMPLE TYPE
ANTI-FACTOR H ANTIBODY	83516	☐ SER/P
C3, C4, FACTOR B, FACTOR I, FACTOR H	86160 x 6	☐ SER
ADAMTS13 ACTIVITY	85397	☐ PPP

ADAMTS13 Testing

order panel/individual components

TEST	CPT CODE	SAMPLE TYPE
ADAMTS13 PANEL *	85397 + 85335 + 85320	☐ PPP
ADAMTS13 ACTIVITY *	85397	☐ PPP
ADAMTS13 INHIBITION TEST *	85335	☐ PPP
ADAMTS13 ANTIBODY QUANT	85320	☐ SER/P

** see sample prep instructions*

CLINICAL INFORMATION IF AVAILABLE	
Is the patient receiving plasma infusion or plasmapheresis?	☐ Yes ☐ No
If yes, date of last plasma infusion or plasmapheresis?	
Schistocytes	☐ Yes ☐ No
PT/PTT	
LDH	
Haptoglobin	
Bilirubin	
Creatinine	

Cincinnati Children's Nephrology Clinical Laboratory
www.cincinnatichildrens.org/nephrology-labtests
513-636-4530

4009 1112 000050