

## NEPHROLOGY LABORATORY TEST REQUISITION

All Information Must Be Completed Before Sample Can Be Processed

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Last First MI*

MR# \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female

### SAMPLE/SPECIMEN INFORMATION

Collection Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Collection Time: \_\_\_\_\_

### REFERRING INSTITUTION

Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

#### \* PLEASE NOTE:

Call the laboratory for international billing and with any billing questions at 513-636-4530.

### REFERRING PHYSICIAN

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

### SHIPPING

Ship all samples frozen on dry ice to:

CCHMC

Clinical Laboratory

3333 Burnet Avenue

ATTN: Lab Processing B-4

Cincinnati, Ohio 45229

**TEST(S) REQUESTED**

**TESTING PANELS**

- Complete Complement Profile**  
*(Includes, C2 C3, C4, C1 inh, C1Q, C4BP, C5, C6, C7, C8, C9 Factor B, Factor I, Factor H, Properdin)*
  - 1 mL SER
- Complement System Screen**  
*(Includes CH50, Alternative Pathway Functional Assay, Lectin Pathway Functional Assay)*
  - 1.5 mL SER (3 sep. aliquots)
- C1 Esterase Inhibitor Panel**  
*(include C1 inhibitor and C1 Esterase Inhibitor Functional)*
  - 1 mL SER
- TMA Profile aHUS/TTP**  
*(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody, and ADAMTS13 activity)*
  - 1 mL SER
  - 1 mL PPP<sup>†</sup> (no EDTA)
- TMA Complement Panel**  
*(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody)*
  - 1 mL SER
- Eculizumab Pharmacokinetic Panel**  
*(Includes Eculizumab level and CH50. For assessing complement activation and to assist in monitoring patients on eculizumab therapy)*
  - 1 mL SER (2 sep. aliquots)
- ADAMTS13 Activity**  
*If ADAMTS13 Activity is <30%, ADAMTS13 Inhibition Assay is added.  
If the Inhibition test is >30%, ADAMTS13 Inhibitor Antibody test is added.*
  - 1 mL SER
  - 1 mL PPP<sup>†</sup> (Li Hep/Cit plasma, no EDTA)

SER = serum P = plasma  
PPP<sup>†</sup> = platelet poor plasma; See page 3 for instructions.

**INDIVIDUAL TESTS**

NAME	SAMPLE
<input type="checkbox"/> C3 Nephritic Factor	SER
<input type="checkbox"/> ADAMTS13 Activity	Na Cit Plasma
<input type="checkbox"/> ADAMTS13 Inhibitor Ab Test	SER
<input type="checkbox"/> Factor H Auto-Ab	SER
<input type="checkbox"/> CH50 Complement Total	SER
<input type="checkbox"/> Complement Bb Plasma	EDTA Plasma
<input type="checkbox"/> PLA2R Autoantibody	SER
<input type="checkbox"/> Eculizumab Level	SER
<input type="checkbox"/> C1 Esterase Inhibitor Functional Assay	SER
<input type="checkbox"/> Alternative Pathway Functional Assay	SER
<input type="checkbox"/> Lectin Pathway Functional Assay	SER
<input type="checkbox"/> Platelet Ab Screen-for Plt Ref, NAIT, PTP	SER
<input type="checkbox"/> Properdin	SER
<input type="checkbox"/> C1Q	SER
<input type="checkbox"/> Complement C2	SER
<input type="checkbox"/> Complement C3	SER
<input type="checkbox"/> Complement C4	SER
<input type="checkbox"/> Complement C5	SER
<input type="checkbox"/> Complement C6	SER
<input type="checkbox"/> Complement C7	SER
<input type="checkbox"/> Complement C8	SER
<input type="checkbox"/> Complement C9	SER
<input type="checkbox"/> C4 Binding Protein	SER
<input type="checkbox"/> C1 Esterase Inhibitor	SER
<input type="checkbox"/> Complement Factor B	SER
<input type="checkbox"/> Complement Factor I	SER
<input type="checkbox"/> Complement Factor H	SER

**SHIP SAMPLES TO: 3333 Burnet Avenue, ATTN: Lab Processing B-4, Cincinnati, OH 45229. 513-636-4530**

**FOR INTERNAL LAB USE ONLY**

Indicate Number of Specimens Received:

\_\_\_\_ Serum      \_\_\_\_ EDTA

\_\_\_\_ Plasma      \_\_\_\_ ACD

Specimen Condition(s), check all that apply:

Frozen  Thawed  Room temperature

1. Order ALL tests on corresponding NEPH client code (all tests, including HO and DHG tests).
2. If there is no NEPH client code for this institution in OSM, order on NEPH MISC code 2900
3. Place frozen specimens in appropriate freezer locations and room temp samples in appropriate room temp bins

**TMA TESTING INFORMATION SHEET**

Test Name	Specimen Requirements	TAT/ Days Performed	CPT Codes
TMA profile aHUS/ /TTP Panel	1 mL serum and 1 mL platelet poor plasma Na Cit/Li Hep only (no EDTA)-spun, separated, store frozen	1 week	86160 x5 +85397 +85316
ADAMTS13 Panel	1 mL serum and 1 mL platelet poor plasma Na Cit/Li Hep only (no EDTA)-spun, separated, store frozen	1 week	85397 +85335 +85320
C1 Inhibitor Functional Panel	2 separate aliquots of 0.5 mL red top serum-spun, separated, within 2 hrs of collection; store frozen	1 week	86160 +86161
Complete Complement Profile	1.5 mL red top serum- spun, separated, store frozen	2 weeks	86160 x15
Complement System Screen	3 separate 0.5 mL red top serum-spun, separated, store frozen within 2 hrs of collection;	1 week	86161 x2 +86162
TMA Complement Panel	0.5 mL red top serum-spun, separated, store frozen	1 week	86160 x5 +85316
ADAMTS13 Activity	1 mL platelet poor plasma Na Cit/Li Hep only (no EDTA) – spun, separated, store frozen	24 hours	85397
ADAMTS13 Antibody Quant	1 mL red top serum spun, separated, store frozen	1 week	85320
Alternative Pathway Functional Assay	0.5 mL red top serum-spun, separated, frozen within 2 hrs of collection	1 week	86161
Lectin Pathway Functional Assay	0.5 mL red top serum-spun, separated, frozen within 2 hrs of collection	1 week	86161
CH50 (Hemolytic Assay)	0.5 mL red top serum-spun, separated, frozen within 2 hrs of collection	Mon, Wed, Fri	86162
Eculizumab Level	0.5 mL red top serum-spun, separated, frozen within 2 hrs of collection	Tues, Fri	80299
C3 Nephritic Factor	0.5 mL red top serum-spun, separated, store frozen	2 weeks	86160 x4
C1 Esterase Inhibitor Functional	0.5 mL red top serum-spun, separated, frozen within 2 hrs of collection	1 week	86160
Factor H Auto-Antibody	0.5 mL red top serum-spun, separated, store frozen	1 week stat available	83516
PLA2R Autoantibody	0.5 mL red top serum-spun, separated, store frozen	1 week	86021
Bb	0.5 mL EDTA plasma (serum also accepted) – spun, separated, frozen within 2 hrs of collection	2 weeks	86160
Platelet Antibody Screen Single Complement Component	0.5 mL red top serum-spun, separated, store frozen	1 week	86022
C2, C3, C4, C5, C6, C7, C8, C9, FB, FH, FI, C4BP, PRO, C1Q, C1 EST INH	0.5 mL red top serum-spun, separated, store frozen	3 days	86160

**SHIP SAMPLES FROZEN.**

If you need specific instructions for platelet poor plasma, please call 513-636-4530.

\*Call for other acceptable specimen types.