

CINCINNATI CHILDREN'S DIVISION OF NEPHROLOGY
CLINICAL LABORATORY

For test inquiries please call:
Phone: **513-636-4530**
Fax: **513-803-5056**

Email: nephclinicallab@cchmc.org
www.cchmc.org/tma



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 _____ / _____ / _____
(month) (day) (year)

Gender: ☐ Male ☐ Female

SAMPLE/SPECIMEN INFORMATION

Collection Date: _____ / _____ / _____ Collection Time: _____
(month) (day) (year)

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: _____

Patient Name: _____

Date of Birth: _____

TEST(S) REQUESTED

TESTING PANELS

☐ **Complete Complement Profile**

(Includes C1q, C2, C3, C4, C5, C6, C7, C8, C9, Factor B, Factor I, Factor H, Factor D (coming soon), Properdin, C1 Inhibitor, and C4 Binding Protein)

☐ **Complement System Screen**

(Includes CH50, Alternative Pathway Functional Assay, Lectin Pathway Functional Assay)

☐ **C1 Esterase Inhibitor Panel**

(include C1 inhibitor and C1 Esterase Inhibitor Functional)

☐ **TMA Profile aHUS/TTP**

(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody, and ADAMTS13 activity)

☐ **TMA Complement Panel**

(Includes C3, C4, Factor H, Factor I, Factor B, Factor H autoantibody)

☐ **Anti-C5 Pharmacokinetic Panel**

(Includes anti-C5 (Eculizumab) level, C5, C5 functional, and CH50. For assessing complement activity to monitor patients on C5 inhibitor therapy.)

☐ **ADAMTS13 Activity (24 hour TAT)**

If ADAMTS13 Activity is <30%, ADAMTS13 Inhibition Assay is added.

If the Inhibition test is >30%, ADAMTS13 Inhibitor Antibody test is added.

INDIVIDUAL TESTS

☐ **C3 Nephritic Factor**

☐ **ADAMTS13 Activity**

☐ **ADAMTS13 Inhibitor Ab Test**

☐ **Factor H Auto-Ab**

☐ **CH50 Complement Total**

☐ **C5 Functional**

☐ **Complement Bb Plasma**

☐ **PLA2R Autoantibody**

☐ **Anti-C5 (Eculizumab)**

☐ **Alternative Pathway Functional Assay**

☐ **Lectin Pathway Functional Assay**

☐ **Platelet Ab Screen-for Plt Ref, NAIT, PTP**

☐ **C1 Esterase Inhibitor**

☐ **C1 Esterase Inhibitor Functional Assay**

☐ **C1Q**

☐ **C2**

☐ **C3**

☐ **C4**

☐ **C5**

☐ **C6**

☐ **C7**

☐ **C8**

☐ **C9**

☐ **C4 Binding Protein**

☐ **Factor B**

☐ **Factor I**

☐ **Factor H**

☐ **Factor D (coming soon)**

☐ **Properdin**

SHIPPING

Ship all samples frozen on dry ice to:

CCHMC Division of Nephrology
Clinical Laboratory, T6.325 Dock 1
240 Albert Sabin Way
Cincinnati Ohio 45229

MONDAY—FRIDAY DELIVERY ONLY**

Holiday and Weekend Shipping:

CCHMC Division of Nephrology
3333 Burnet Avenue, Main Dock
Attn: Storeroom BL1.300
Cincinnati Ohio 45229

Patient Name: _____

Date of Birth: _____

Test Name	Specimen Requirements	TAT/ Days Performed	CPT Codes
Testing Panels			
Complete Complement Profile	1 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160 x15
Complement System Screen	1 mL red top serum—spun, separated in two 0.5 mL aliquots, frozen within 2 hrs of collection; ship on dry ice	1 week	86161 x2 +86162
C1 Esterase Inhibitor Panel	1 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160, 86161
TMA Profile aHUS/TTP	1 mL red top serum—spun, separated, frozen within 2 hrs of collection AND 1 mL NaCit platelet poor plasma (no EDTA), spin, separate, frozen within 2 hrs of collection	2–4 days/Tues, Fri	86160 x5 +85397 +85316
TMA Complement Panel	1 mL red top serum—spun, separated, frozen within 2 hrs of collection	2–4 days/Tues, Fri	86160 x5 85316
Anti-C5 Therapeutic Monitoring	1 mL red top serum—spun, separated in two 0.5 mL aliquots, frozen within 2 hrs of collection; ship on dry ice	2–4 days/Mon—Fri	80299, 86162, 86160, 86161
ADAMTS13 Activity Panel	1 mL NaCit platelet poor plasma (no EDTA), spin, separate, frozen within 2 hrs of collection	ADAMTS13 Activity, 24 hours/run daily Reflex testing, 1 week	85397 +85335 +85320
Individual Tests			
C3 Nephritic Factor	1 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1–2 weeks	86160 x4
Factor H Autoantibody	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	2–4 days/Tues, Fri	83516
CH50	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1–4 days/Mon—Fri	86162
C5 Functional	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	24 hours/Mon—Fri	86161
Bb	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160
Anti-C5 (Eculizumab) Level	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	2–4 days/Mon—Fri	80299
C1 Esterase Inhibitor	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160
C1 Esterase Inhibitor Functional	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160
Alternative Pathway Functional	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86161
Lectin Pathway Functional	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86161
Platelet Antibody Screen— for Plt Ref, NAIT, PTP	1 mL red top serum—spun, separated, store frozen; ship on dry ice	24 hours/Mon—Fri	86022
Single complement component (C1q, C2, C3, C4, C5, C6, C7, C8, C9, Factor H, Factor I, Factor B, Factor D, C1 Inhibitor, C4 Binding Protein, Properdin)	0.5 mL red top serum—spun, separated, frozen within 2 hrs of collection; ship on dry ice	1 week	86160

SHIP SAMPLES FROZEN.

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

*Call for other acceptable specimen types.