

CINCINNATI CHILDREN'S DIVISION OF NEPHROLOGY
CLINICAL LABORATORY

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

Email: nephclinicalab@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.