

## 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 Division of Nephrology  
Clinical Laboratory, T.6-325 Dock 1  
240 Albert Sabin Way  
Cincinnati Ohio 45229  
**MONDAY — FRIDAY DELIVERY ONLY\*\***

**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"/> Renin	Plasma
<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:**  
CCHMC Division of Nephrology  
Clinical Laboratory, T.6-325 Dock 1  
240 Albert Sabin Way  
Cincinnati Ohio 45229  
513-636-4530

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	Wed, 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	Thursday stat available	83516
PLA2R Autoantibody	0.5 mL red top serum-spun, separated, store frozen	Thursday	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
Renin	0.5 mL plasmas spun separated, store frozen	24 hr TAT	84244

**SHIP SAMPLES FROZEN.**

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

\*Call for other acceptable specimen types.