

Reporting Title: Complement C3, S  
Performing Location: Rochester

Specimen Requirements:  
Collection Container/Tube:  
Preferred: Serum gel  
Acceptable: Red top  
Submission Container/Tube: Plastic vial  
Specimen Volume: 1 mL  
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:  
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
C3	Complement C3, S	Numeric	mg/dL	4485-9

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:  
No

CPT Code Information:  
86160

Reference Values:  
75-175 mg/dL