

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