

Reporting Title: C2 Complement,Functional,w/Reflex,S
Performing Location: Rochester

Ordering Guidance:
This test is for assessment of complement C2 and includes assessment of C3 and C4 as reflex testing. Unless a deficiency has already been identified, initial assessment should begin with the total complement assay (COM / Complement, Total, Serum), which is a screen for suspected complement deficiencies and should be performed before ordering individual complement component assays. A deficiency of an individual component of the complement cascade will result in an undetectable total complement level.

Specimen Requirements:
Patient Preparation: Fasting preferred but not required
Supplies: Sarstedt 5 mL Aliquot Tube (T914)
Collection Container/Tube: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions:
1. Immediately after specimen collection, place the tube on wet ice.
2. Centrifuge and aliquot serum into plastic vial.
3. Immediately freeze specimen.

Specimen Type	Temperature	Time	Special Container
Serum Red	Frozen	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
C2FX	C2 Complement,Functional,S	Numeric	U/mL	93977-7
INT53	Interpretation	Alphanumeric		69048-7

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

Supplemental Report:
No

CPT Code Information:
86161
86160 x 2 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
C4	Complement C4, S	1	86160	No	Yes

C3	Complement C3, S	1	86160	No	Yes
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Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
C3	C3	Complement C3, S	Numeric	mg/dL	4485-9
C4	C4	Complement C4, S	Numeric	mg/dL	4498-2

Reference Values:

25-47 U/mL