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**Reporting Title:** C3 Complement, Functional, S  
**Performing Location:** Rochester**Ordering Guidance:**

The total complement assay (COM / Complement, Total, Serum) should be used as a screen for suspected complement deficiencies 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

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 Minimum Volume:**

0.5 mL

| Specimen Type | Temperature | Time    | Special Container |
|---------------|-------------|---------|-------------------|
| Serum Red     | Frozen      | 14 days |                   |

**Result Codes:**

| Result ID | Reporting Name               | Type    | Unit | LOINC®  |
|-----------|------------------------------|---------|------|---------|
| C3FX      | C3 Complement, Functional, S | Numeric | U/mL | 87723-3 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86161

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**Reference Values:**

21-50 U/mL