

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 Minimum Volume:

0.5 mL

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 Also used by tests: C2FXN	Numeric	U/mL	93977-7
INT53	Interpretation Also used by tests: C2FXN	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	Orderable Separately
C4	Complement C4, S			No	Yes
C3	Complement C3, S			No	Yes

Result Codes for Reflex Tests:

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

Reference Values:

25-47 U/mL