

Reporting Title: C5 Complement, Antigen, 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 but not required

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and separate serum from clot.

Specimen Minimum Volume:

0.5 mL

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	60 days	
	Refrigerated	28 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
C5AG	C5 Complement, Antigen, S	Numeric	mg/dL	4505-4

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86160

Reference Values:

10.6-26.3 mg/dL