



1775 Aurora Court
 Room 3209
 Aurora, CO 80045
 Tel: 303-724-7858
 Fax: 303-724-7581

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Patient Information

Patient Name: _____ MR# _____
 Gender: Female Male DOB _____/_____/_____

Reporting & Referring Physician Information

Physician Name (print): _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Secure Fax: _____
 Email: _____

Billing Information

Referring Institution: _____
 Address: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone: _____
 Email: _____

Specimen & clinical Information

***All Fields are mandatory for sample processing**

Specimen Type: Serum (red top or tiger top) EDTA Plasma (Specimen Collection Dates/Time): _____
 Is or has the patient received plasma infusion or plasmapheresis? Yes No If Yes Date(s): _____
 Has the patient received a complement inhibitor: Yes No If Yes Date: _____ Medication: _____

Complement Function Testing (Serum)

CH50, classical pathway function (Hemolytic Assay)	AH50, alternative pathway Function (Hemolytic Assay)
CP ELISA style classical pathway function assay	AP ELISA style alternative pathway function assay
<i>LB ELISA style lectin pathway function assay Pending</i>	C1-INH Function (Chromagenic)
C3 Function (Hemolytic Assay)	
C5 Function (Hemolytic Assay)	

Complement Activation Markers (EDTAPlasma)

Bb Alternative Pathway Marker (ELISA)	<i>C4a Classical/Lectin Pathway Marker (ELISA) Pending</i>
C3a Central Point Marker (ELISA)	sC5b-9 Terminal Pathway Marker (ELISA)
C5a Terminal Pathway Marker (ELISA)	Ba Alternative Pathway Marker (ELISA)

Complement Levels (Serum)

C3 Level by Nephelometry	C4 Level by Nephelometry
Factor B Level by Nephelometry	Factor H Level by ELISA

Comments/ Instructions

Specimen Sticker

Exsera BioLabs Use Only

Received (Initial/Date): _____

Received Condition (Circle)
 Frozen on Dry Ice Thawed Other: _____

Specimen Type & No
 _____ Serum _____ EDTA Plasma _____ Other: _____

Comments: _____