## Complement Panel (C3, C4, CH50)

Order Name: COMPL IDL
Test Number: 5570450
Revision Date: 02/05/2018

TEST NAME	METHODOLOGY	LOINC CODE
Complement C3, Serum	Turbidometric	4485-9
Complement C4, Serum	Turbidometric	4498-2
Complement, Total (CH50)	Quantitative IVD Assay	4532-8

Complement, Total (Cit	130)	Quant	mative IVD Assay	4002-0	
SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	3 mL (1 mL)	Serum	Clot Activator (Red Top, No-Gel)	Frozen	
Instructions	The CH50 component must be performed on Serum from a Red No-Gel Clot Tube!				
	Allow 1 hour to clot at room temperature, Separate the serum from cells ASAP or no longer than 2 hours after collection!  Separate the serum from the cells and transfer 3mL(1mL) of serum into a standard transport tube and freeze within 2 hours of collection.  It is critical to freeze the complement specimen immediately after the transfer of specimen to a transport tube.  Reasons for Rejection: Use of serum separator tube, Clotting at 2-8°C, Exposure to repeated freeze/thaw cycles, Samples containing high levels of lipid, hemoglobulin or bilirubin cause interference and should be avoided.  Stability: Room Temperature 2 hours, Refrigerated n/a, Frozen 2 Weeks			n 2 hours of collection. ube.	

GENERAL INFORMATION		
Testing Schedule	Batched	
Expected TAT	5-7 Days	
CPT Code(s)	86162, 86160X2	
Lab Section	Immunology - Serology	

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