Complement Test Requisition Form

Clear Form

MITOGENDx

Lab Use Only	
Date rec'd:	
Sample Frozen:	Yes No
All Required Information Provided:	Yes No

MitogenDx does NOT book or accept appointments for sample collection / venipuncture. Contact your local laboratory
Tests not yet approved by Health Canada for diagnostics are labeled as Laboratory Developed Test (LDT). See Page 2 for a list of Diagnostic Tests. Please mark ALL tests to be done. Patient Information, Referring Physician, and Ordering Laboratory are ALL REQUIRED for samples to be processed without delay.

PATIENT INFORMATION

Patient Name (Surname, First name)

Surname:

First Name:

Sex ☐ **Female** ☐ **Male** ☐ **Other**

Personal Health Number

Birth (dd/mm/yy)

REFERRING PHYSICIAN INFORMATION

Physician Name (Surname, First name)

Phone Number

Fax Number

Email address

Comments

ORDERING LABORATORY INFORMATION

Laboratory Name

Address

Phone number

Fax number

Email address

SAMPLE INFORMATION

Sample Type Serum ☐ Plasma ☐

Time and Date Collected (dd/mm/yy)

Ordering Lab Reference #

Comments

SAMPLE COLLECTION

Sample Collection and Preparation Procedure: Collect blood in a plasma EDTA tube (Purple Vacutainer) or in a serum collection tube (Gold (SST) or Red Vacutainer) - please do not use heparinized tubes for sample collection . Within 30 minutes from collection, centrifuge at 1000 x g for 10 minutes at 4°C. Immediately transfer/aliquot 0.5- 1 mL cell-free plasma or serum to a small tube (~3mL or smaller tube such as a false-bottom tube). **Please provide two separate aliquots for each sample type.** Freeze the samples (≤ -20°C) and ship on dry ice.

Sample Stability: 30 min MAX at room temperature during processing. Stable for 1 year if stored frozen (-80˚C preferred). Not acceptable or stable if stored or shipped* at 4˚C.

SHIPPING INFORMATION

Please ensure your samples are scheduled to arrive **before 3pm on Friday** of any desired workweek. Please do not send samples on weekends or holidays as MitogenDx will be closed and SAMPLES WILL NOT BE RECEIVED UNTIL THE FOLLOWING WORKWEEK.

Please send properly labeled and packaged samples with this requisition to the address below.

RECEIVING RESULTS

Results typically follow 5-7 working days after receipt of sample, depending on the test(s) requested and will be sent to the ordering lab.

If you have not received your results, please contact the laboratory that sent your sample to MitogenDx. Results for tests requested by an ordering laboratory cannot be sent to physicians or patients.

CONTACT INFO FOR LABS

MitogenDx Laboratory

3415C 3rd Ave NW
Calgary, AB, T2N 0M4
Phone: 403-800-8851 Fax: 403-800-8852
Email: lab@mitogendx.com

Visit our website: www.mitogendx.com

COMPLEMENT TEST REQUISITION

- ☐ **Complement Panel 1 12-Plex Deficiency Screening** (LDT)**:** Adipsin, Complement C1q, Complement C2, Complement C3, Complement C3b/iC3b, Complement C4, Complement C4b, Complement C5, Factor B, Factor H, Factor I, Mannose-Binding Lectin (MBL)
  Specimen type: EDTA plasma only

- ☐ **Complement Panel 2 Nephritis** (LDT)**:** C1q autoantibodies, Factor H autoantibodies
  Specimen type: serum

- ☐ **Complement Panel 3 Classical Pathway Activation** (LDT): Complement C3a, Complement C5a
  Specimen type: EDTA plasma or serum

- ☐ **Complement Panel 4 Angioedema** (LDT)**:** C1 INH protein, C1 INH functional assay
  Specimen type: EDTA plasma only

- ☐ **Complement Panel 5 Thromobotic Microangiopathy (TMA): Classical and Alternative Pathway** (LDT): AP50, CH50, MBL, sC5b-9, and Factor H autoantibodies
  Specimen type: serum is required for AP50, CH50, and MBL test and Factor H autoantibodies
  EDTA plasma only for sC5b-9

- ☐ **Complement Panel 6 Activation of the complement system by either the classical, lectin or alternative pathways (once called membrane attack complex)**(LDT)**:** sc5b-9
  Specimen type: EDTA plasma only

COMMENTS

Patient Name

PHN