

C3 Complement

Order Name: **C3**  
Revision Date: 11/11/2019

| TEST NAME             |   | METHODOLOGY   |                    | LOINC CODE            |
|-----------------------|---|---------------|--------------------|-----------------------|
| C3 Complement         |   |               |                    |                       |
|                       |   |               |                    |                       |
| SPECIMEN REQUIREMENTS |   |               |                    |                       |
| Specimen              | Specimen Volume (min)   | Specimen Type | Specimen Container | Transport Environment |
| Preferred             | 3.0 mL ( 1.5 mL)  | Serum         | Serum Gel Tube     | Refrigerated          |
| Alternate 1           | 3.0 mL ( 1.5 mL)  | Serum         | Red Top            | Refrigerated          |
| Instructions          | Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered. |               |                    |                       |
| Reference Range       | An interpretive report will be provided.  |               |                    |                       |
| Methodology           | Immunoturbidimetric   |               |                    |                       |

| GENERAL INFORMATION |  |
|---------------------|--|
| Testing Schedule    | Daily  |
| Expected TAT        | 3 Hours  |
| Stat TAT            | 45 Minutes   |
| Notes               | Specimen Stability:<br>Ambient - 4 Hours<br>Refrigerated - 8 Days<br>Frozen - 8 Days |
| CPT Code(s)         | 86160  |
| Lab Section         | NRLS-Core Chemistry  |