Labcorp Oklahoma, Inc. Test Directory

C4 Complement

Order Name: C4

Revision Date: 11/11/2019

| TEST NAME | METHODOLOGY | LOINC CODE |
|---------------|-------------|------------|
| C4 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: Ambient - 4 Hours Refrigerated - 8 Days Frozen - 8 Days | |
| CPT Code(s) | 86160 | |
| Lab Section | NRLS-Core Chemistry | |
| | | |

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