

## Overview

### Useful For

Diagnosis of C5 deficiency

Investigation of a patient with an absent total complement (CH50) level

### Method Name

Nephelometry

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Ordering Guidance

The total complement assay (COM / Complement, Total, Serum) should be used as a screen for suspected complement deficiencies before ordering individual complement component assays. A deficiency of an individual component of the complement cascade will result in an undetectable total complement level.

### Specimen Required

**Patient Preparation:** Fasting for 12 hours is preferred but not required.

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:**

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

### Specimen Minimum Volume

0.5 mL

### Reject Due To

Gross hemolysis	OK
Gross lipemia	Reject
Gross icterus	OK

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Ambient	7 days	
	Refrigerated	28 days	
	Frozen (preferred)	60 days	

**Clinical & Interpretive****Clinical Information**

Complement proteins are components of the innate immune system. There are 3 pathways to complement activation: the classic pathway, the alternative (or properdin) pathway, and the lectin activation (mannan-binding protein: MBP) pathway. The classic pathway of the complement system is composed of a series of proteins that are activated in response to the presence of immune complexes. The activation process results in the generation of peptides that are chemotactic for neutrophils and that bind to immune complexes and complement receptors. The end result of the complement activation cascade is the formation of the lytic membrane attack complex (MAC).

The absence of early components (C1-C4) of the complement cascade results in the inability of immune complexes to activate the cascade. Patients with deficiencies of the early complement proteins are unable to clear immune complexes or to generate lytic activity. These patients have increased susceptibility to infections with encapsulated microorganisms. They may also have symptoms that suggest autoimmune disease, and complement deficiency may be an etiologic factor in the development of autoimmune disease.

More than 30 cases of C5 deficiency have been reported. Most of these patients have neisserial infections.

**Reference Values**

10.6-26.3 mg/dL

**Interpretation**

Low levels of complement may be due to inherited deficiencies, acquired deficiencies, or due to complement consumption (eg, as a consequence of infectious or autoimmune processes).

Absent C5 levels in the presence of normal C3 and C4 values are consistent with a C5 deficiency. Absent C5 levels in the presence of low C3 and C4 values suggest complement consumption.

A small number of cases have been described in which the complement protein is present but is nonfunctional. These rare cases require a functional assay to detect the deficiency; for more information see C5FX / C5 Complement, Functional, Serum.

**Cautions**

Quantitation of specific proteins by nephelometric means may not be possible in lipemic sera due to the extreme light scattering properties of the specimen. Turbidity and particles in the specimen may result in extraneous light scattering signals, resulting in variable specimen analysis.

**Clinical Reference**

1. Sonntag J, Brandenburg U, Polzehl D, et al. Complement system in healthy term newborns: reference values in umbilical cord blood. *Pediatr Dev Pathol.* 1998;1(2):131-135
2. Prellner K, Sjöholm AG, Truedsson L. Concentrations of C1q, factor B, factor D and properdin in healthy children, and the age-related presence of circulating C1r-C1s complexes. *Acta Paediatr Scand.* 1987;76(6):939-943
3. Davis ML, Austin C, Messmer BL, Nichols WK, Bonin AP, Bennett MJ. IFCC-standardized pediatric reference intervals for 10 serum proteins using the Beckman Array 360 system. *Clin Biochem.* 1996;29(5):489-492
4. Gaither TA, Frank MM. Complement. In: Henry JB. *Clinical Diagnosis and Management by Laboratory Methods.* 17th ed. Saunders; 1984:879-892
5. O'Neil KM. Complement deficiency. *Clin Rev Allergy Immunol.* 2000;19(2):83-108
6. Frank MM. Complement deficiencies. *Pediatr Clin North Am.* 2000;47(6):1339-1354
7. Volokhina EB, van de Kar NC, Bergseth G, et al. Sensitive, reliable and easy-performed laboratory monitoring of eculizumab therapy in atypical hemolytic uremic syndrome. *Clin Immunol.* 2015;160(2):237-243.
8. Andreghetto B, Murray D, Snyder M, Tostrud L, Willrich MA. Abstract 003: The impact of eculizumab in complement assays. *Mol Immunol.* 2015;67:119-120. doi:10.1016/j.molimm.2015.03.013

**Performance****Method Description**

In this Siemens Nephelometer II method, the light scattered onto the antigen-antibody complexes is measured. The intensity of the measured scattered light is proportional to the amount of antigen-antibody complexes in the sample under certain conditions. If the antibody volume is kept constant, the signal behaves proportionally to the antigen volume.

A reference curve is generated by a standard with a known antigen content on which the scattered light signals of the samples can be evaluated and calculated as an antigen concentration. Antigen-antibody complexes are formed when a sample containing antigen and the corresponding antiserum are put into a cuvette. A light beam is generated with a light-emitting diode, which is transmitted through the cuvette. The light is scattered onto the immuno-complexes that are present. Antigen and antibody are mixed in the initial measurement, but no complex is formed yet. An antigen-antibody complex is formed in the final measurement.

The result is calculated by subtracting value of the final measurement from the initial measurement. The distribution of intensity of the scattered light depends on the ratio of the particle size of the antigen-antibody complexes to the radiated wavelength. (Unpublished Mayo method; Instruction manual: Siemens Nephelometer II Operations. Siemens, Inc; Version 2.4, 07/2019)

**PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

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2 to 5 days

**Specimen Retention Time**

14 days

**Performing Laboratory Location**

Rochester

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

86160

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
C5AG	C5 Complement, Antigen, S	4505-4

Result ID	Test Result Name	Result LOINC® Value
C5AG	C5 Complement, Antigen, S	4505-4