

FILE DEFINITION TEST CHANGE

Notification Date: December 31, 2024 Effective Date: January 30, 2025

Atypical Hemolytic Uremic Syndrome Complement Panel, Serum and Plasma

Test ID: AHUSD

Explanation: Specimen Requirements will be updated to now accept serum gel/SST and EDTA collection tubes. With this change C4D: C4d Complement, P will be removed as an always performed component of AHUSD.

Current Specimen Requirements

Both plasma and serum are required for this test.

Patient Preparation:

- 1. Fasting preferred.
- 2. Samples should not be collected earlier than 48 hours following plasma exchange.

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Specimen Type: Plasma

Collection Container/Tube: Light-blue top (3.2%

sodium citrate)

Submission Container/Tube: 3 plastic vials **Specimen Volume:** 1.5 mL in 3 plastic vials, each

containing 0.5 mL

Collection Instructions:

- 1. Immediately after specimen collection, place the tube on wet ice.
- 2. Centrifuge; 1500 x g for 10 minutes at 4 degrees C and aliquot plasma into plastic vial.
- 3. Freeze specimen within 30 minutes.

Specimen Type: Serum

Collection Container/Tube: Red top (serum

gel/SST are not acceptable)

Submission Container/Tube: 3 plastic vials **Specimen Volume:** 1.5 mL in 3 plastic vials, each containing 0.5 mL

Collection Instructions:

- 1. Immediately after specimen collection, place the tube on wet ice.
- 2. Centrifuge at 4 degrees C and aliquot serum into 5 mL plastic vial.

New Specimen Requirements

Both serum and plasma are required for this test.

Patient Preparation:

- 1. Fasting preferred but not required.
- 2. Do **not** collect specimens for at least 48 hours following plasma exchange.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Specimen Type: Serum Collection Container/Tube:

Preferred: Serum gel Acceptable: Red top

Submission Container/Tube: Plastic vial **Specimen Volume:** 1.5 mL total in 3 separate

plastic vials, each containing 0.5 mL

Collection Instructions:

- 1. Immediately after specimen collection, place the tube on wet ice and allow specimen to clot.
- 2. Centrifuge at 4 degrees C and aliquot serum into 3 separate plastic vials, each containing 0.5 mL.
- 3. Within 30 minutes of centrifugation, freeze specimen. Sample must be placed on dry ice if not frozen immediately.

NOTE: If a refrigerated centrifuge is not available, it is acceptable to use a room temperature centrifuge, provided the sample is kept on ice before centrifugation, and immediately afterward, the serum is aliquoted and frozen.

Specimen Type: Plasma Collection Container/Tube:

Preferred: Lavender top (K2 EDTA)

3. Freeze specimen within 30 minutes.

Acceptable: Lavender top (K3 EDTA), light-blue top (sodium citrate)

Submission Container/Tube: Plastic vial **Specimen Volume:** 1.5 mL total in 2 separate plastic vials, each containing 0.75 mL

Collection Instructions:

- 1. Immediately after specimen collection, place the tube on wet ice.
- 2. Centrifuge between 1000 and 2000 x g for 10 minutes at 4 degrees C and aliquot plasma into 2 separate plastic vials, each containing 0.75 mL.
- 3. Within 30 minutes of centrifugation, freeze specimen. Sample must be placed on dry ice if not frozen immediately.

NOTE: If a refrigerated centrifuge is not available, it is acceptable to use a room temperature centrifuge, provided the sample is kept on ice before centrifugation, and immediately afterward, the plasma is aliquoted and frozen.

| Current Profile Information | | |
|-----------------------------|-------------------------------------|--|
| Test ID | Reporting Name | |
| INTGA | AHUS Interpretation | |
| СОМ3 | Complement, Total, S | |
| AH503 | Alternative Complement Path Func, S | |
| C3HUS | Complement C3, S | |
| C4HUS | Complement C4, S | |
| FBCA | Factor B Complement Antigen, S | |
| FHCA | Factor H Complement Antigen, S | |
| C4D | C4d Complement, P | |
| СВВ | CBb Complement, P | |
| SC5B9 | SC5b-9 Complement, P | |

| New Profile Information | | |
|-------------------------|-------------------------------------|--|
| Test ID | Reporting Name | |
| INTGA | AHUS Interpretation | |
| СОМ3 | Complement, Total, S | |
| AH503 | Alternative Complement Path Func, S | |
| C3HUS | Complement C3, S | |
| C4HUS | Complement C4, S | |
| FBCA | Factor B Complement Antigen, S | |
| FHCA | Factor H Complement Antigen, S | |
| СВВ | CBb Complement, P | |
| SC5B9 | SC5b-9 Complement, P | |

Questions

Contact Amy Ennis, Laboratory Resource Coordinator at 800-533-1710.