

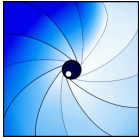
Complement Laboratory

Head: Dr. Zoltán Prohászka

NAME of the patient/ Date of birth/Gender	
INSTITUTE	ADDRESS
CONTACT OF REFERRING PHYSICIAN (also e-mail , by giving your e-mail address here you accept that the report will be sent there)	
Date of blood sampling:	
Type of samples sent to the laboratory: (tip as many as appropriate)	
<input type="checkbox"/> Serum <input type="checkbox"/> EDTA Plasma <input type="checkbox"/> Citrated plasma <input type="checkbox"/> Cells of the EDTA tube for DNA extraction <input type="checkbox"/> Purified genomic DNA <input type="checkbox"/> Mucosal swab for DNA extraction <input type="checkbox"/> Samples of family members are also included	
<i>Please indicate clearly on the tubes the type of the sample, the name of the patient and the date!</i>	
Requested tests: please explain your query, and/or tip on the right:	<input type="checkbox"/> ADAMTS13 activity and inhibitors <input type="checkbox"/> Complement profile, including total classical and alternative pathway activity, C3, C4, C1q factors H, I, B, <input type="checkbox"/> anti-FH IgG autoantibody <input type="checkbox"/> anti-C1q IgG autoantibody <input type="checkbox"/> C3-nephritic factor <input type="checkbox"/> sC5b-9 activation product Genetic analysis (mutational analysis by Sanger's method, risk haplotype determination): <input type="checkbox"/> CFH, <input type="checkbox"/> CFI, <input type="checkbox"/> MCP <input type="checkbox"/> CFB, <input type="checkbox"/> THBD2, <input type="checkbox"/> C3 genes <input type="checkbox"/> CFHR5 <input type="checkbox"/> MLPA for CFHR1 and 3 copy-number variation determination) <input type="checkbox"/> Whole-exome analysis (with variant calling for complement genes, DGKE, PLG and ADAMTS13) <i>Please attach a copy of consent form genetic analysis!</i>

Date

Name, Signature



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Description of the case, attachments (You may attach even non-English hospital/laboratory/histology reports as well!)

- Please describe the clinical case and relevant laboratory data shortly, and why you are requesting complement/ADAMTS13 testing! This info will help the laboratory to interpret the findings.

AND

- Attach a “Consultation query form” and give detailed clinical info, only if you are going to consult diagnosis/ potential treatment of the patient! Based on this info and our results we may provide help for your clinical decision.

Here follow some questions to help interpret the complement results (consider the week before blood sampling!)

Please indicate as many as appropriate!

<input type="checkbox"/> The patient received packed red blood cells during last week
<input type="checkbox"/> The patient received platelet transfusion during last week
<input type="checkbox"/> The patient received fresh frozen plasma during last week If yes, please give dates/volume
<input type="checkbox"/> The patient received (is treated with) plasmapheresis (PEX) during last week Date(s) of last session(s)
The substitution fluid of PEX was: <input type="checkbox"/> albumin or <input type="checkbox"/> FFP or <input type="checkbox"/> a mixture of them
<input type="checkbox"/> The patient received eculizumab If yes, please give dates/ dosages
<input type="checkbox"/> The blood sample for complement investigations was processed (aliquoted and frozen) within 4 hours after taking the blood

Contact:

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<http://semmelweis.hu/kutlab/en/medical-services/>

Address for sample shipping:

H-1088 Budapest, Szentkiralyi st 46.

Building A, 1st Floor,

Complement Laboratory