

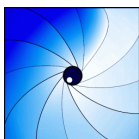
Complement Laboratory

Head: Dr. Zoltán Prohászka

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

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!

☐ The patient received packed red blood cells during last week
☐ The patient received platelet transfusion during last week
☐ The patient received fresh frozen plasma during last week
If yes, please give dates/volume
☐ The patient received (is treated with) plasmapheresis (PEX) during last week
Date(s) of last session(s)
The substitution fluid of PEX was: ☐ albumin or ☐ FFP or ☐ a mixture of them
☐ The patient received eculizumab
If yes, please give dates/ dosages
☐ 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, Szentkirályi st 46.

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Complement Laboratory