



Complement Laboratory

Head: Dr. Zoltán Prohászka

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NAME	
Date of birth	
INSTITUTE	ADDRESS
CONTACT OF REFERRING PHYSICIAN (also e-mail)	
DIAGNOSIS:	DATE of blood sampling:

Anamnestic data, concomittant diseases, relevant laboratory data

First signs of renal disease, date

Renal disease course, renal function, dates

Renal biopsy: done on (dates):..... Not yet done ☐

Staining for C3: none/ week/ strong/ no data/ non-conclusive

Staining for other complement component (name.....): none/ week/ strong/ no data/ non-conclusive

Staining for IgG: none/ week/ strong/ no data/ non-conclusive

Staining for IgM: none/ week/ strong/ no data/ non-conclusive

Pathologist's opinion/diagnosis:

Requested investigations, plan

- ☐ Complement profile in serum (complement activity CP and AP, C3, C4, C1q, Factor H, B, I)
- ☐ Autoantibodies (C3Nefritic factor, anti-factor H IgG, anti-factor B IgG, anti-C1q)

- Genetic analysis:
- ☐ Independent of future results, I request the below analysis
 - ☐ I request the below analysis only if complement profile in serum is suggestive for AP-dysregulation
 - ☐ I am asking for re-consilium with the results of complement profile, and will order genetic screening later
 - ☐ I request the below genetic analysis only if results of ongoing renal biopsy support C3-GP (I will notify the laboratory).

Requested genetic analysis (mutational screening) for following genes: ALL ☐

- ☐Factor H (CFH) ☐Factor I (CFI) ☐MCP (CD46) ☐Factor B (CFB) ☐C3 (C3) ☐Other:
- ☐MLPA for Factor H and related genes, ☐MLPA for MCP and Factor I