

## REQUEST FORM

### Diagnostics of complement mediated disorders (CMD)

<p><b>Radboudumc</b>          Laboratory for Diagnostics          Internal Post 815          PO Box 9101          6500 HB Nijmegen          The Netherlands</p> <p>Tel : +31 (0) 24-3614567</p> <p>www.radboudumc.nl/laboratoriumvoordiagnostiek</p> <p><b>Translational Metabolic Laboratory</b></p>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold; margin-bottom: 10px;">Patient</div> <p>Family name: _____</p> <p>First name: _____</p> <p>Middle name: _____</p> <p>Date of birth: DD / MM / YYYY Patient deceased: <input type="checkbox"/> Yes, date _____</p> <p>Gender: M / F</p> <p>Your reference: _____</p> <p>Address: _____</p> <p>ZIP code and city: _____</p>
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Referring specialist

Name: _____	Phone: _____
Hospital: _____	Fax: _____
Specialty: _____	Email: _____
Department: _____	CC result to: _____
Address: _____	_____
Billing address: _____	_____

Indication

<input type="checkbox"/> (suspected) aHUS	<input type="checkbox"/> (suspected) <i>S. pneumoniae</i> HUS	<input type="checkbox"/> Basal Laminar Drusen (BLD)
<input type="checkbox"/> aHUS patient receiving eculizumab	<input type="checkbox"/> (suspected) C3 glomerulopathy	<input type="checkbox"/> Age-related Macular Degeneration (AMD)
<input type="checkbox"/> (suspected) STEC-HUS	<input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH)	<input type="checkbox"/> Other: _____

Patient does **not** give permission for long-term storage of this sample for any additional diagnostic or research use at a later date (code 1010)

Specification of other clinical data

\_\_\_\_\_

\_\_\_\_\_

Submitted specimen	Collection date	Collection time	Instructions for collection, laboratory processing and shipment
<input type="checkbox"/> <b>2 x EDTA-blood (3-6 ml plastic tube (purple cap))</b> at RT For genetic diagnostics <i>(elabcode: G_P_EDD_CMD)</i>	___/___/___	__:__ hour	EDTA blood to be sent at room temperature (RT); do <b>NOT</b> centrifuge, do <b>NOT</b> freeze.
<input type="checkbox"/> <b>DNA</b> (already isolated or present at Translational Metabolic Laboratory)			
<input type="checkbox"/> <b>1 x EDTA-blood on ice 10 ml (purple cap)</b> Plasma for biochemical diagnostics <i>(elabcode: T_C_EDI_AM)</i>	___/___/___	__:__ hour	Place tube <b>directly on crushed ice</b> . <b>Centrifuge</b> (2000xg, 10', 4°C) <b>within 60 min after collection</b> . Divide plasma into 3 tubes, freeze at -80°C and <b>ship on dry ice</b> .
<input type="checkbox"/> <b>1 x clotted blood 10 ml (red or yellow cap)</b> Serum for biochemical diagnostics <i>(elabcode: T_C_ST_EI)</i>	___/___/___	__:__ hour	Allow to clot at room temperature min. 30' and max. 45', centrifuge immediately (2000xg, 10', 4°C). Divide serum into 3 tubes, freeze at -80°C and <b>ship on dry ice</b> .

**To be filled out by lab employee:**

Date received: \_\_\_\_\_

Reception time: \_\_\_\_\_

Signature employee: \_\_\_\_\_

Advice per indication	
Indication	Advice
(Suspected) aHUS (6003) (Suspected) <i>S. pneumoniae</i> HUS (6006)# (Suspected) STEC-HUS (6004)	Basic gene panel kidney diseases and Additional gene panel kidney diseases, AP50, CP50, C1rs-C1inh complex, C2, C3, C3a, C3bBbP, Bb, C3bc, C3d, C4, C4d/C4 ratio, C5a, Factor B, Factor D, Factor H, Factor I, Properdin, sC5b-9, auto-antibodies to Factor H and antibodies to LPS O157/O26/O55/O103 #Additional advice: Transferrin mass spectrometry: <a href="#">request form Congenital Disorders of Glycosylation</a>
aHUS patient receiving eculizumab (6008)	Eculizumab (Soliris) level, AP50, CP50, C5, C5a and sC5b-9
(Suspected) C3 glomerulopathy (6005)	Basic gene panel kidney diseases and Additional gene panel kidney diseases, AP50, CP50, C1rs-C1inh complex, C2, C3, C3a, C3bBbP, Bb, C3bc, C3d, C3 nephritic factor, C4 nephritic factor, C4d/C4 ratio, C5a, Factor B, Factor D, Factor H, Factor I, Properdin, sC5b-9 and auto-antibodies to Factor H
Paroxysmal Nocturnal Hemoglobinuria (PNH) (6007)	Eculizumab (Soliris) level, AP50, CP50, C3, C3a, C3bBbP, Bb, C3bc, C3d, C5, C5a and sC5b-9
Basal Laminar Drusen (BLD) (6010) Age-related Macular Degeneration (AMD) (6011)	Basic gene panel eye diseases, C3, C3bBbP, Bb, C3bc, Factor B, Factor H, Factor I and sC5b-9
Other indications (6999)	Consultation with Laboratory Specialist Clinical Genetics (phone: +31 (0)24-3614567)

Requested investigations			
Genetic diagnostics ***		Biochemical diagnostics ***	
Investigation	Specimen	Investigation	Specimen
<input type="checkbox"/> <b>Basic gene panel kidney diseases (CMD)</b> CFB, CFH, CFI, C3, CD46 (MCP) and MLPA CFH/CFHRs	EDTA whole blood or already isolated DNA	<b>Concentrations of complement factors</b>	EDTA plasma on dry ice
<input type="checkbox"/> <b>Additional gene panel kidney diseases (CMD)</b> CFH related proteins (CFHR1, CFHR2, CFHR3, CFHR4 and CFHR5), CFP(properdin), C2, DGKE and Thrombomodulin (THBD)	EDTA whole blood or already isolated DNA	<input type="checkbox"/> C2	
<input type="checkbox"/> <b>Basic gene panel eye diseases (CMD)</b> CFB, CFH, CFI en C3	EDTA whole blood or already isolated DNA	<input type="checkbox"/> C5	
<input type="checkbox"/> <b>Other genes (CMD)</b> <input type="checkbox"/> ADAMTS13 <input type="checkbox"/> Vitronectin <input type="checkbox"/> C5 <input type="checkbox"/> CD55 (DAF) <input type="checkbox"/> CD59 <input type="checkbox"/> PLG <input type="checkbox"/> MMACHC	EDTA whole blood or already isolated DNA	<input type="checkbox"/> Factor B	
<input type="checkbox"/> NGS (ORF) complement and coagulation genes (WES)		<input type="checkbox"/> Factor D	
		<input type="checkbox"/> Factor H	
		<input type="checkbox"/> Factor I	EDTA plasma on dry ice
		<input type="checkbox"/> Properdin	
		<b>Concentrations of complement activation markers</b>	
		<input type="checkbox"/> C1rs-C1inh complex	
		<input type="checkbox"/> C3a	
		<input type="checkbox"/> C3bBbP	
		<input type="checkbox"/> C3bc	
		<input type="checkbox"/> Bb	
		<input type="checkbox"/> C4d	
		<input type="checkbox"/> C4d/C4 ratio	
		<input type="checkbox"/> C5a	Serum
		<input type="checkbox"/> sC5b-9	
		<b>(Auto) antibodies</b>	
		<input type="checkbox"/> Antibodies to LPS O157/O26/O55/O103	
		<input type="checkbox"/> Auto-antibodies to Factor H	Serum
		<input type="checkbox"/> C3 nephritic factor	
		<input type="checkbox"/> C4 nephritic factor	Serum
		<b>Functional assays</b>	
		<input type="checkbox"/> Factor H function	
		<b>Eculizumab</b>	Serum
		<input type="checkbox"/> Eculizumab (Soliris) level *	
		<input type="checkbox"/> C5-eculizumab complex **	
		<input type="checkbox"/> Eculizumab inhibiting capacity **	

\* In collaboration with the Department of Clinical Pharmacy  
 \*\* C5-eculizumab complex and inhibiting capacity will be determined in case of eculizumab level >8 and <100 µg/ml or after consultation with Laboratory Specialist Clinical Genetics (phone: +31 (0)24-3614567)  
 \*\*\* **Urgent investigations** only after consultation with Laboratory Specialist Clinical Genetics (phone: +31 (0)24-3614567)

If not available at your hospital: C3, C3d, C4, CH50, AP50 and MBL assays can be requested at Radboudumc by [request form LMI](#)