

Complement, Total (CH50)

CPT Code: 86162

Order Code: 618

Alternative Name: Hemolytic Complement

ABN Requirement: No

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.5 mL

Container: Gel-barrier tube (SST, Tiger Top)

Collection:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.
5. Immediately aliquot serum into labeled transport tubes and freeze at -20°C.

Special Instructions: Centrifuge serum specimens within 1 hour of collection. Immediately pipette serum into sterile, screw-capped vials and freeze solid at -20°C or lower. Do not allow samples to thaw. With multiple tests, submit a separate tube for each test. Send frozen samples on dry ice to the laboratory. Do not submit the sample in a glass tube.

Transport: Store serum at -20°C after collection and ship frozen the same day per packaging instructions included with the provided shipping box.

Stability:

Ambient (15-25°C): Not Acceptable

Refrigerated (2-8°C): Not Acceptable

Frozen (-20°C): 30 days

Causes for Rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; lipemia; specimens received thawed

Methodology: Liposome

Turn Around Time: 2 to 3 days

Reference Range:

| | U/mL |
|------|-------------|
| CH50 | 31-60 |

Clinical Significance: CH50 is a screening test for total complement activity. Levels of complement may be depressed in genetic deficiency, liver disease, chronic glomerulonephritis, rheumatoid arthritis, hemolytic anemias, graft rejection, systemic lupus erythematosus, acute glomerulonephritis, subacute bacterial endocarditis and cryoglobulinemia. Elevated complement may be found in acute inflammatory conditions, leukemia, Hodgkin's Disease, sarcoma, and Behcet's Disease.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.