



## **C3** Complement

•	<u>ISO 15189:2012</u>
Synonyms	C3
Clinical Indication	C3 (and C4) is useful in investigation of patients with renal disease, joint disease and multi-system disorders with evidence of vasculitis, since low concentrations would imply an immunological basis for the symptoms. Complement levels may also be useful in patients with recurrent infections with normal or raised immunoglobulin levels, since genetic and acquired defects sometimes present as immunodeficiency (CH50 analysis also required in such cases).
Part of Profile / See Also	Complement (C3,C4)
Request Form	Combined Pathology manual Blood form or ICE request
Availability / Frequency of Analysis	On request
Turnaround Time	Same day (Monday to Friday)
Patient Preparation	None required
Sample Requirements	
Specimen Type	Serum
Volume	2 ml
Container	Or Vellow top (SST) tube
	Or paediatric orange top (lithium-heparin)
	Or paediatric green top (lithium-heparin)
	Plain serum samples may also be used.
Reference Range & Units	0.9 – 1.8 g/L
Interferences	
Interpretation & Clinical Decision Value (if applicable)	In the appropriate clinical setting, a low complement is diagnostic of active disease, and a return to normal is accompanied by return of complement levels to normal.
	Low C4, Normal C3 seen in: Genetic Deficiency, SLE, hereditary / acquired angioedema (check C1 esterase inhibitor), cryoglobulinaemia.
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	Normal C4, low C3 seen in: Post- Streptococcal glomerular nephritis, patients with C3-nephritic factor, gram - negative sepsis (alternative pathway activation), Endocarditis. Low C4 & low C3 seen in: Sepsis, SLE (Active), vasculitis
References	Beckman kit insert
Test code	C3C4
Lab Handling	Analysed from primary tube and stored at 4°C Serum and plasma samples at 2-8°C for 8 days.