

**New Test**      **3004430**      **Circulating Immune Complex Panel**      **CIC-C3,C1Q**

**Methodology:** Semi-Quantitative Enzyme-Linked Immunosorbent Assay  
**Performed:** Saturday, Monday, Thursday  
**Reported:** 2-9 days

**Specimen Required:** Collect: Plain red or serum separator tube (SST).  
Specimen Preparation: Allow complete clotting of red blood cells (up to 1 hour), then separate serum from cells within 30 minutes and freeze immediately. Transfer **TWO (2)** 1 mL aliquots of serum to individual ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)  
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**  
Unacceptable Conditions: Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles.  
 Grossly hemolyzed, lipemic, and icteric specimens  
Stability (After separation from cells): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks

**Reference Interval:**

Available Separately	Components	Reference Interval
0050301	Circulating Immune Complex, C1q Binding	Effective February 19, 2019 Less than or equal to 3.9 µg Eq/mL
3004431	Circulating Immune Complex, C3 fragments	Less than or equal to 15 µg Eq/mL

**Interpretive Data:**

Many autoimmune disorders, chronic infections, and malignancies are associated with circulating immune complexes. Quantitation of immune complexes assists in staging immunologic disorders. Detection of circulating immune complexes is not essential to any specific diagnosis. Circulating immune complexes may be found without any evident pathology and positive results do not necessarily implicate immune complex-related disease process. Values between 15 and 20 ug Eq/mL are considered equivocal for the Circulating Immune Complex, C3 fragments assay. Repeat testing using a new specimen is recommended, if clinically indicated.

**CPT Code(s):** 86332 x2

New York DOH Approved.

**HOTLINE NOTE:** Refer to the Test Mix Addendum for interface build information.