
New Test **3004431** **Circulating Immune Complex, C3 fragments** **CIC-C3**

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. Transport 1 mL serum. (Min: 0.5 mL) If ordered in conjunction with a C1q Binding Assay, transfer TWO (2) 1 mL aliquots of serum to individual ARUP Standard Transport Tubes.
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 (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 20 days

Reference Interval: 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

New York DOH Approved.

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