

Notification Date: November 18, 2025 Effective Date: December 18, 2025

Atypical Hemolytic Uremic Syndrome Complement Panel, Serum and Plasma

Test ID: AHUSD

Explanation:

On the effective date the methodology and reference values will be updated due to a change in instrumentation.

Current Method

C3HUS, C4HUS, FBCA, FHCA; C5AG2:

Nephelometry

COM3: Automated Liposome Lysis Assay

AH503, CBB, SC5B9: Enzyme-Linked Immunosorbent

Assay (ELISA)

INTGA: Medical Interpretation

New Method

C3HUS, C4HUS, FBCA, FHCA; C5AG2:

Nephelometry

COM3: Turbidimetric Measurement of Liposome Lysis AH503, CBB, SC5B9: Enzyme-Linked Immunosorbent

Assay (ELISA)

INTGA: Medical Interpretation

Current Reference Value

FACTOR B COMPLEMENT ANTIGEN 15.2-42.3 mg/dL

SC5b-9 COMPLEMENT < or = 250 ng/mL

FACTOR H COMPLEMENT ANTIGEN 18.5 to 40.8 mg/dL

CBb COMPLEMENT ACTIVATION FRAGMENT < or = 1.6 mcg/mL

COMPLEMENT C4 14-40 mg/dL

COMPLEMENT C3 75-175 mg/dL

ALTERNATIVE COMPLEMENT, PATHWAY (AH50) **FUNCTIONAL**

> or =46% Normal

COMPLEMENT, TOTAL 30-75 U/mL

FACTOR B COMPLEMENT ANTIGEN

15.2-42.3 mg/dL

SC5b-9 COMPLEMENT < or = 250 ng/mL

New Reference Value

FACTOR H COMPLEMENT ANTIGEN 18.5 to 40.8 mg/dL

CBb COMPLEMENT ACTIVATION FRAGMENT < or = 1.6 mcg/mL

COMPLEMENT C4 14-40 mg/dL

COMPLEMENT C3 75-175 mg/dL

ALTERNATIVE COMPLEMENT, PATHWAY (AH50) **FUNCTIONAL**

> or =46% Normal

COMPLEMENT, TOTAL

> or =41 U/mL

Questions

Contact Amy Ennis, Laboratory Resource Coordinator at 800-533-1710.