3415A 3 Ave NW, Calgary, Alberta, T2N 0M4, Canada

Patient Name: PATIENT, NAME
Specimen ID (SID): 26001-0000-00
DOB: 01-Jan-2000
PHN: AB 00000000
Reason for Testing: -
Relevant Medications: -

External SID:
Doctor: Dr. Doctor
Report Date: 27-Mar-2026

Specimen Type: Plasma
Date/Time Collected: 01-Jan-2026 / 00:00

Complement Profile Panel

Laboratory Developed Test (LDT)

Report Summary:

Sample Comments:

-

Results Summary:

High Analytes: C1q, C4, C5a, Factor B, Factor H
High Normal Analytes: C5, C9
Low Analytes: C3b/iC3b

Results Interpretation:

- Recognition-dependent complement initiation via the classical pathway is suggested by high C1q, which may reflect increased antigen-antibody or pattern recognition-driven activation and potential for downstream C4/C2 convertase assembly.
- Increased generation of terminal complement effectors is suggested by high C5a and high normal C5 and C9, which could indicate enhanced production of anaphylatoxic fragments and membrane attack complex components.
- Reduced central C3 effector fragment abundance is supported by low C3b/iC3b, which may reflect consumption or altered convertase activity with potential impact on opsonization.
- Enhanced fluid-phase regulatory control is suggested by high Factor H, which could limit C3 convertase-mediated amplification and modulate opsonic and inflammatory signaling.
- Potential for alternative pathway C3 convertase formation is supported by high Factor B, consistent with increased substrate availability for amplification in the absence of dominant regulation.
- Greater availability for classical/lectin pathway C3 convertase assembly is suggested by high C4, which may act with recognition signals to promote C3 activation.

Disclaimer:

The interpretation of these test results should be correlated with clinical findings and other diagnostic tests. Biomarker levels can vary due to many biological, physiological, and diurnal factors; their clinical significance must be assessed by a qualified healthcare professional. This information is not intended to be used as the sole basis for diagnosis or treatment decisions.

***In vitro* complement activation is likely to occur if samples are not stored and transported appropriately.**

Reviewed by: DP
Eve Technologies Corporation is a CLIA certified High Complexity International Laboratory

EVE DIAGNOSTICS
3415A 3 Ave NW, Calgary, Alberta, T2N 0M4, Canada

PATIENT, NAME
PHN: AB 00000000; DOB: 01-Jan-2000; SID: 26001-0000-00; External SID:

Complement Profile Panel

Laboratory Developed Test (LDT)

Analyte	Results		Reference Interval†	Units
CLASSICAL PATHWAY INITIATION				
C1q	83.7	**HIGH**	16.7 - 59.7	µg/ml
LECTIN PATHWAY INITIATION				
Mannose-Binding Lectin	426		65 - 3259	ng/ml
CLASSICAL & LECTIN PATHWAYS C3 CONVERTASE				
C2	2621		0 - 4284	ng/ml
C4	434	**HIGH**	55 - 187	µg/ml
C4b	22.4		13.6 - 39.3	µg/ml
ALTERNATIVE PATHWAY C3 CONVERTASE				
Factor B	242	**HIGH**	65 - 212	µg/ml
Factor D	873		569 - 1774	ng/ml
Properdin	5895		4748 - 8591	ng/ml
MAJOR COMPLEMENT EFFECTOR				
C3	62.9		10 - 161	µg/ml
C3b/iC3b	< 14.4	**LOW**	15 - 122	µg/ml
TERMINAL PHASE				
C5	34.0		9.5 - 36.4	µg/ml
C5a	6274	**HIGH**	667 - 4073	pg/ml
C9	14.6		4.2 - 15.0	µg/ml
REGULATORY FACTORS				
Factor H	312	**HIGH**	105 - 275	µg/ml
Factor I	36.9		18.0 - 52.0	µg/ml

† Reference intervals estimated by data-mining ≥390 PLASMA samples drawn from both healthy and pathological subjects.