



**Instructions:** Accurate interpretation and reporting of genetic results is contingent upon the reason for testing and clinical information. **The information below is required for SERPZ / SERPINA1 Gene, Full Gene Analysis, Varies. Send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu**

**Patient Information**

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
---	--------------------------------	--

**Referring Provider Information**

Referring Provider Name <i>(Last, First)</i>	Phone	Fax*
Other Contact Name <i>(Last, First)</i>	Phone	Fax*

*\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

**Reason for Testing**

Abnormal alpha-1-antitrypsin serum levels; details (provide copy of report): \_\_\_\_\_

Abnormal alpha-1-antitrypsin phenotyping; details (provide copy of report): \_\_\_\_\_

Clinical features suggestive of alpha-1-antitrypsin deficiency; details: \_\_\_\_\_

Other; details: \_\_\_\_\_

**Clinical History/Information** (required)

List all relevant clinical information and the results of alpha-1-antitrypsin serum levels and phenotyping.

**Note:** If serum levels and phenotyping studies have not been performed, order A1ALC / Alpha-1-Antitrypsin Proteotype S/Z, LC-MS/MS, Serum prior to *SERPINA1* full gene analysis.

Alpha-1-antitrypsin level: \_\_\_\_\_ mg/dL

Phenotyping results (eg, MM, MS, MZ): \_\_\_\_\_

Other Clinical Features

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

Are there similarly affected relatives?  Yes  No  
If "Yes," indicate relationship and symptoms: \_\_\_\_\_

Have any family member had genetic testing?  Yes\*  No  Unknown

**\*FMTT / Familial Mutation Targeted Testing should be used when there is a previous positive genetic test result in the family. Contact the lab for ordering assistance.**

History of consanguinity:  No  Yes; relationship details: \_\_\_\_\_

**Ancestry/Ethnic Background** Check all that apply.

African American  Asian  Hispanic  Northern European  Other, specify: \_\_\_\_\_

Ashkenazi Jewish  French Canadian  Mixed European  Southern European \_\_\_\_\_