Reporting Title: SERPINA1 Gene, Full Gene Analysis
Performing Location: Rochester

Shipping Instructions:
Specimen preferred to arrive within 96 hours of collection.

Specimen Requirements:
Patient Preparation: A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.
Specimen Type: Whole blood
Container/Tube:
Preferred: Lavender top (EDTA) or yellow top (ACD)
Acceptable: Any anticoagulant
Specimen Volume: 3 mL
Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.

Specimen Minimum Volume:
1 mL

Forms:
1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:
-Informed Consent for Genetic Testing (T576)
-Informed Consent for Genetic Testing-Spanish (T826)
2. Molecular Genetics: Congenital Inherited Diseases Patient Information (T521) in Special Instructions and Forms.
3. If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Test Request (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)		
	Ambient		
	Frozen		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
113178	Result Summary	Alphanumeric		50397-9
113179	Result	Alphanumeric		82939-0
113180	Interpretation	Alphanumeric		69047-9
113181	Additional Information	Alphanumeric		48767-8
113182	Specimen	Alphanumeric		31208-2
113183	Source	Alphanumeric		31208-2
113184	Released By	Alphanumeric		18771-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided.