Possible patient presentations:
- Nephrotic-range proteinuria with or without renal insufficiency (nondiabetic)
- Infiltrative cardiomyopathy with restrictive hemodynamics and no ischemic history
- Hepatomegaly with no filling defects visible by imaging
- Nondiabetic peripheral neuropathy
- Fatigue, weight loss, dyspnea, edema, or paresthesias
- Macroglossia
- Classic amyloid purpura
- Atypical myeloma

Order both of the following tests:
- DMOGA / Monoclonal Gammapathy, Diagnostic, Serum
- MPU / Monoclonal Protein Studies, 24 Hour, Urine

Amyloid light-chain (AL) amyloidosis diagnosis unlikely
Consider testing for other types of amyloidosis, including wild-type transthyretin amyloidosis (ATTRwt), hereditary amyloidoses, and other types of acquired amyloidoses, that have not been excluded.

Bone marrow biopsy and fat biopsy\(^1,2\)
Consider a Hematology consultation

Congo red-positive amyloid deposits are present
Order AMPIP / Amyloid Protein Identification, Paraffin, Mass Spectrometry\(^1\)

Consistent with AL amyloidosis
Consider gene sequencing:
- TTRZ / TTR Gene, Full Gene Analysis, Varies

Consistent with ATTR amyloidosis
Consistent with other amyloidoses

Affected organ biopsy
Amyloidosis unlikely

Clinical suspicion

High
Low

Negative

Add the appropriate gene list ID with the order:
- APOA1 Gene List ID: NEUROLOGY-N65QXP
- APOA2 Gene List ID: NEUROLOGY-9C863W
- GSN Gene List ID: NEUROLOGY-QH6K94
- LYZ Gene List ID: NEUROLOGY-P3K319
- FGA Gene List ID: NEUROLOGY-9T6N8N

\(^1\)Consider alternative sites, such as gastrointestinal tract, lip, carpal tunnel/tenosynovium, etc.
\(^2\)Since fat aspirate specimens are required to be collected in RPMI media, AMPIF / Amyloid Protein Identification, Fat Aspirate, LC-MS/MS testing is only available for Congo-red positive samples from Mayo Clinic sites in Rochester, Arizona, and Florida.