
Reporting Title: SERPINC1 Gene, Full Gene NGS**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

This test should only be considered if clinical and family history, initial coagulation screens, and/or initial antithrombin (AT) activity and antigen testing results suggest a diagnosis of antithrombin deficiency (see Testing Algorithm).

This test does not measure AT activity levels. For assessment of AT activity, order ATTF / Antithrombin Activity, Plasma.

If genetic testing for hereditary blood clotting disorders using a larger panel is desired, a 16-gene comprehensive thrombosis panel is available; order GNTHR / Thrombosis Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, Varies.

Testing for the *SERPINC1* gene as part of a customized panel is available. For more information see CGPH / Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies.

Targeted testing for familial variants (also called site-specific or known variants testing) is available for the *SERPINC1* gene. See FMTT / Familial Variant, Targeted Testing, Varies. To obtain more information about this testing option, call 800-533-1710.

Shipping Instructions:

Specimen preferred to arrive within 96 hours of collection.

Necessary Information:

[Rare Coagulation Disorder Patient Information](#) is required. Testing may proceed without the patient information; however, the information aids in providing a more thorough interpretation. Ordering providers are strongly encouraged to fill out the form and send with the specimen.

Specimen Requirements:

Specimen Type: Whole blood

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.

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD)

Specimen Volume: 3 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in original tube. **Do not aliquot.**

Specimen Stability Information: Ambient (preferred) 4 days/Refrigerated

Forms:

1. [Rare Coagulation Disorder Patient Information](#) (T824) is required.
2. **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:

Test Definition: GNANT

Antithrombin Deficiency, SERPINC1 Gene,
Next-Generation Sequencing, Varies

- [Informed Consent for Genetic Testing](#) (T576)
- [Informed Consent for Genetic Testing \(Spanish\)](#) (T826)
3. If not ordering electronically, complete, print, and send an [Coagulation Test Request](#) (T753) with the specimen.

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
619006	Test Description	Alphanumeric		62364-5
619007	Specimen	Alphanumeric		31208-2
619008	Source	Alphanumeric		31208-2
619009	Result Summary	Alphanumeric		50397-9
619011	Interpretation	Alphanumeric		59465-5
619012	Additional Results	Alphanumeric		82939-0
619013	Resources	Alphanumeric		99622-3
619014	Additional Information	Alphanumeric		48767-8
619015	Method	Alphanumeric		85069-3
619016	Genes Analyzed	Alphanumeric		82939-0
619017	Disclaimer	Alphanumeric		62364-5
619018	Released By	Alphanumeric		18771-6
619010	Result	Alphanumeric		82939-0

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

Supplemental

CPT Code Information:

81479

Reference Values:

An interpretive report will be provided.