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MAYO CLINIC LABORATORIES

Complement Component Deficiency and Hereditary Angioedema Patient Information

Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ethnic background/ancestry, and family history. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Technologies Laboratory Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: 855-379-3115 or +1-507-284-9273, or email mliint@mayo.edu**

Patient Information (required)

Patient Name (Last, First Middle)	Birth Date (mm-dd-yyyy)

Sex Assigned at Birth	Legal/Administrative Sex
☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	☐ Male ☐ Female ☐ Nonbinary

Referring Healthcare Professional Information

Requesting Healthcare Professional Name (Last, First)	Phone	Fax*
Genetic Counselor/Other Healthcare Professional Name (Last, First)	**Phone**	**Fax***

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

Reason for Testing

☐ Diagnosis ☐ Family History** ☐ Other, specify:

Genetic testing should be performed on an affected family member first, when possible. FMTT / **Familial Variant, Targeted Testing should be ordered when there is a previous positive genetic test result in the family.

Test Ordering Advisories

- If patient has hereditary angiodemia (HAE) but normal C1-INH, consider ordering targeted panel GNANG / Hereditary Angioedema Focused Gene Panel, Next-Generation Sequencing.
- If patient has complement-mediated thrombotic microangiopathy (CM-TMA)/atypical hemolytic uremic syndrome (aHUS), or C3 glomerulopathy (C3G) order AHUGP / Atypical Hemolytic Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA) / Complement 3 Glomerulopathy (C3G) Gene Panel.
- If patient has mainly gastrointestinal presentations, consider ordering EOIBD / Early Onset Monogenic Inflammatory Bowel Disease (IBD) Gene Panel.
- **IMPORTANT:** Patients who have had a previous bone marrow transplant from an allogenic donor should not have testing performed on blood, bone marrow, or saliva because any results generated will reflect the genome of the donor rather than the recipient. Testing on patients who have an active hematologic malignancy or hematologic disorder with clonal proliferation may identify both somatic and germline variants, which may result in test failure or necessitate follow-up testing to determine whether the detected variant(s) is germline or somatic. For these patients, testing a skin biopsy or cultured fibroblasts is recommended. For instructions for testing patients who have received a bone marrow transplant or have an active hematologic disorder, call 800-533-1710.

Clinical History

☐ Recurrent or difficult to treat bacterial infections; specify organism(s), if known:
  ☐ *Streptococcus pneumoniae* ☐ *Neisseria sp.* ☐ *Haemophilus influenza type b* ☐ Other, specify:
☐ Angioedema involving upper airways, skin, and/or gastrointestinal tract
☐ Autoimmunity:
  ☐ Systemic lupus erythematosus (SLE) ☐ Other, specify:
☐ Complement-mediated thrombotic microangiopathy (CM-TMA)
☐ Kidney disease:
  ☐ Mesangiocapillary or membranoproliferative glomerulonephritis ☐ Kidney failure ☐ Other, specify:
☐ Protein-losing enteropathy
☐ Peripheral neuropathy/Guillan-Barre syndrome
☐ Stroke
☐ Skin findings:
  ☐ Fragility ☐ Hyperpigmentation ☐ Other, specify:

Complement Component Deficiency and Hereditary Angioedema Patient Information (continued)

Laboratory Findings

☐ C1 esterase inhibitor (C1INH):
☐ Decreased function ☐ Decreased level
☐ Complement component deficiency, specify:
☐ Abnormal CH50
☐ Abnormal AH50
☐ Other, specify:

Oncologic History

☐ Current malignancy***, specify:
☐ History of malignancy, specify:

***If there is an active clonal hematologic disorder, submission of an alternate specimen type (eg, skin biopsy or fibroblast culture) is recommended to assess for germline variants.**

Patient Treatment History

Has the patient received an allogenic stem cell transplant****? ☐ No ☐ Yes; transplant date (mm-dd-yyyy):

Is the patient transfusion-dependent****? ☐ No ☐ Yes; last transfusion date (mm-dd-yyyy):
Was this transfusion leukoreduced****? ☐ No ☐ Yes

****Results may be inaccurate due to the presence of donor DNA if the patient has received an allogeneic hematopoietic stem cell transplant or non-leukocyte reduced blood products. Call Mayo Clinic Laboratories for instructions for testing patients who have received an allogenic bone marrow transplant.

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 Variant, Targeted Testing should be ordered 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

☐ African/African American	☐ East Asian	☐ Latinx/Latine	☐ South Asian	☐ Unknown
☐ Ashkenazi Jewish	☐ European	☐ Middle Eastern	☐ None of the above	☐ Choose not to disclose

New York State Patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576), Informed Consent for Genetic Testing – Spanish (T826), or Informed Consent for Genetic Testing for Deceased Individuals (T782).

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