Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Molecular Genetics: *SERPINA1* Gene Patient Information

Instructions: This form is intended to be completed by the ordering healthcare professional. Accurate interpretation and reporting of genetic results is contingent upon the 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: 855-379-3115 or +1-507-284-9273, or email mliintl@mayo.**

Patient Information (required)

Patient Name (Last, First Middle)	Birth Date (mm-dd-yyyy)
Preferred Name	Medical Record Number (if Birth Date is not available)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Choose not to disclose ☐ Other, specify:	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary ☐ Choose not to disclose ☐ Other, specify:
Gender Identity (optional)	Pronouns (optional)

Referring Healthcare Professional Information

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

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

Clinical History/Information (required)

List all relevant clinical information and the results of alpha-1-antitrypsin serum levels and phenotyping (provide copy of report).

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

Biological Family History

Are there similarly affected biological relatives? ☐ Yes ☐ No

If "Yes," indicate biological relationship and symptoms:

Have any biological 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 ☐ Unknown ☐ Choose not to disclose ☐ Yes; biological relationship details:

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