



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing and 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: +1-507-266-5700 or email MLIINT@mayo.edu**

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Healthcare Professional Information

Referring Healthcare Professional Name (Last, First)	Phone	Fax*
Other Contact Name (Last, First)	Phone	Fax*

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

Reason for Testing

Abnormal alpha-1-antitrypsin serum levels; details (provide copy of report): _____

Abnormal alpha-1-antitrypsin phenotyping; details (provide copy of report): _____

Clinical features suggestive of alpha-1-antitrypsin deficiency; details: _____

Other; details: _____

Clinical History/Information (required)

List all relevant clinical information and the results of alpha-1-antitrypsin serum levels and phenotyping.

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

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 used 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/Ethnic Background Check all that apply.

African/African American East Asian South Asian Middle Eastern Unknown

Ashkenazi Jewish European Latinx/Latine None of the above Choose not to disclose

Other, specify: _____ Indicate countries of origin: _____