Overview

Useful For
Confirmation of a diagnosis of classic or variant Fabry disease in affected males with reduced alpha-Gal A enzyme activity

Carrier or diagnostic testing for asymptomatic or symptomatic females, respectively

Testing Algorithm
The following algorithms are available in Special Instructions:

- Fabry Disease: Newborn Screen-Positive Follow-up
- Fabry Disease Diagnostic Testing Algorithm

For more information, see Newborn Screening Act Sheet Fabry Disease: Decreased Alpha-Galactosidase A in Special Instructions.

Special Instructions
- Molecular Genetics: Biochemical Disorders Patient Information
- Informed Consent for Genetic Testing
- Fabry Disease Diagnostic Testing Algorithm
- Fabry Disease: Newborn Screen-Positive Follow-up
- Blood Spot Collection Card-Spanish Instructions
- Newborn Screening Act Sheet Fabry Disease: Decreased Alpha-Galactosidase A
- Blood Spot Collection Card-Chinese Instructions
- Informed Consent for Genetic Testing (Spanish)
- Blood Spot Collection Instructions

Method Name
Polymerase Chain Reaction (PCR) Amplification/DNA sequencing

NY State Available
Yes

Specimen

Specimen Type
Varies

Shipping Instructions
Specimen preferred to arrive within 96 hours of draw.

Specimen Required
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.

Submit only 1 of the following specimens:
Test Definition: FABRZ
Fabry Disease Full Gene Analysis

Preferred:

Specimen Type: Whole blood

Container/Tube:

Preferred: Lavender top (EDTA) tube or yellow top (ACD) tube

Acceptable: Any anticoagulant

Specimen Volume: 3 mL

Collection Instructions:
1. Invert several times to mix blood.
2. Send specimen in original tube.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Acceptable:

Specimen Type: Blood spot

Supplies: Card - Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Collection card (Whatman Protein Saver 903 Paper)

Acceptable: Ahlstrom 226 filter paper, or Blood Spot Collection Card (T493)

Specimen Volume: 2 to 5 Blood spots on collection card (Whatman Protein Saver 903 Paper; Ahlstrom 226 filter paper; or Blood Spot Collection Card, T493)

Collection Instructions:
1. An alternative blood collection option for a patient >1 year of age is finger stick.
2. Let blood dry on the filter paper at ambient temperature in a horizontal position for 3 hours.
3. Do not expose specimen to heat or direct sunlight.
4. Do not stack wet specimens.
5. Keep specimen dry.

Specimen Stability Information: Ambient (preferred)/Refrigerated

Additional Information:
1. For collection instructions, see Blood Spot Collection Instructions in Special Instructions.
2. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777) in Special Instructions.

3. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800) in Special Instructions.

**Forms**

1. 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 in Special Instructions:

   - Informed Consent for Genetic Testing (T576)
   - Informed Consent for Genetic Testing-Spanish (T826)

2. Molecular Genetics: Biochemical Disorders Patient Information (T527) in Special Instructions.

3. If not ordering electronically, complete, print, and send an Inborn Errors of Metabolism Test Request (T798) with the specimen.

**Specimen Minimum Volume**

Blood: 1 mL
Blood Spots: 5 punches-3 mm diameter

**Reject Due To**

All specimens will be evaluated by Mayo Clinic Laboratories for test suitability.

**Specimen Stability Information**

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**Clinical and Interpretive**

**Clinical Information**

Fabry disease is an X-linked recessive disorder with an incidence of approximately 1 in 50,000 males. Symptoms result from a deficiency of the enzyme alpha-galactosidase A (alpha-Gal A). Reduced alpha-Gal A activity results in accumulation of glycosphingolipids in the lysosomes of both peripheral and visceral tissues.

Severity and onset of symptoms are dependent on the residual alpha-Gal A activity. Males with <1% alpha-Gal A activity have the classic form of Fabry disease. Symptoms can appear in childhood or adolescence and usually include acroparesthesias (pain crises), multiple angiookeratomas, reduced or absent sweating, and corneal opacity. By middle age, most patients develop renal insufficiency leading to end-stage renal disease, as well as cardiac and cerebrovascular disease. Males with >1% alpha-Gal A activity may present with a variant form of Fabry disease. The renal variant generally has onset of symptoms in the third decade. The most prominent feature in this form is renal insufficiency and, ultimately, end-stage renal disease. Individuals with the renal variant may or may not have other symptoms of classic Fabry disease. Individuals with the cardiac variant are often asymptomatic until they present with cardiac findings such as cardiomyopathy or mitral insufficiency later in life. The cardiac variant is not associated with renal failure.
Female carriers of Fabry disease can have clinical presentations ranging from asymptomatic to severe. Measurement of alpha-Gal A activity is not generally useful for identifying carriers of Fabry disease, as many of these individuals have normal levels of alpha-Gal A.

Mutations in the GLA gene result in deficiency of alpha-Gal A. Most of the mutations identified to date are family specific. Full sequencing of the GLA gene identifies over 98% of the sequence variants in the coding region and splice junctions. In addition, our assay detects the intron 4 mutation common in the Taiwanese population.(1)

The following algorithms are available in Special Instructions:

- Fabry Disease: Newborn Screen-Positive Follow-up algorithm
- Fabry Disease Diagnostic Testing Algorithm

Reference Values
An interpretive report will be provided.

Interpretation
All detected alterations will be evaluated according to the American College of Medical Genetics and Genomics (AMCG) recommendations.(2) Variants will be classified based on known, predicted, or possible pathogenicity and reported with interpretive comments detailing their potential or known significance.

Cautions
A small percentage of individuals who are carriers or have a diagnosis of Fabry disease may have a mutation that is not identified by this method (eg, large genomic deletions, promoter mutations). The absence of a mutation(s), therefore, does not eliminate the possibility of positive carrier status or the diagnosis of Fabry disease. For carrier testing, it is important to first document the presence of a GLA gene mutation in an affected family member.

In some cases, DNA alterations of undetermined significance may be identified.

Rare polymorphisms exist that could lead to false-negative or false-positive results. If results obtained do not match the clinical and biochemical findings, additional testing should be considered.

Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. Errors in our interpretation of results may occur if information given is inaccurate or incomplete.

Clinical Reference


Performance
Method Description
Bidirectional sequence analysis is performed to test for the presence of a mutation in all coding regions and intron/exon boundaries of the GLA gene. (Unpublished Mayo method)

PDF Report
No

Day(s) and Time(s) Test Performed
Performed weekly, Varies

Analytic Time
14 days

Maximum Laboratory Time
20 days

Specimen Retention Time
Whole Blood: 2 weeks (if available) Extracted DNA: 3 months

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information
81405-GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence

LOINC® Information

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