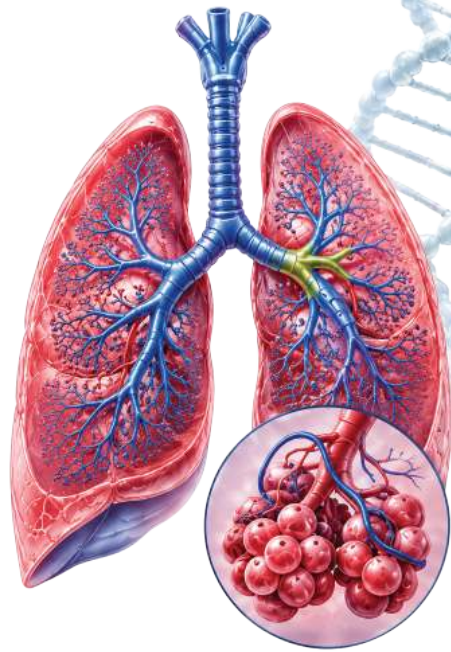


Hereditary **PULMONARY** Disorders Panel

Not Every Breathless Patient
Is a **Smoker**.

Inherited lung disease is routinely mistaken for COPD or 'idiopathic' fibrosis. A molecular diagnosis names it and changes what happens next.



Why it belongs in the workup

Much of inherited lung disease hides in plain sight. Alpha-1 antitrypsin deficiency is written off as ordinary COPD; familial pulmonary fibrosis is labeled idiopathic; surfactant disorders in children are chased for years. Because these conditions are so easily attributed to smoking, age, or bad luck, the genetic cause is missed until the damage is advanced and irreversible.

Unmasks alpha-1 antitrypsin deficiency

One of the most common yet most underdiagnosed inherited conditions and one of the few with disease-specific therapy.



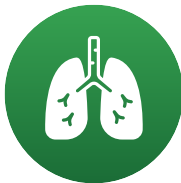
Catches familial fibrosis early

Short-telomere syndromes cluster silently in families and can precede symptoms by years, reshaping surveillance and transplant timing.



Changes management, not just the label

Results can redirect therapy selection, transplant planning, and the decision to screen relatives.



Closes the diagnostic odyssey

A single molecular answer can end years of nonspecific pulmonary evaluation.



Turnaround Time



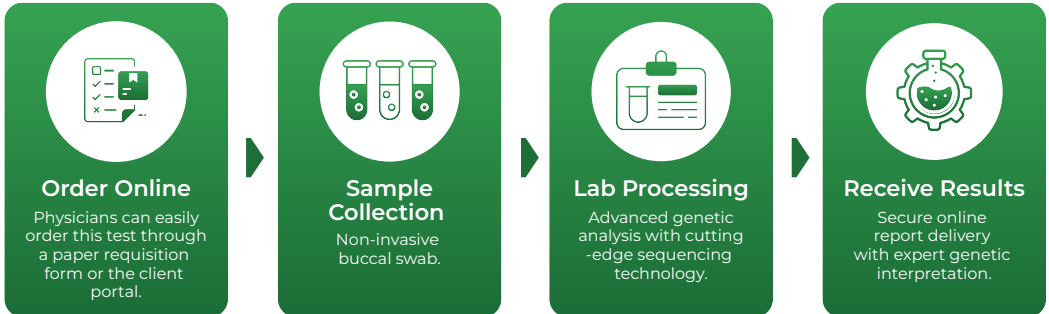
Results in 7 business days
Fast, reliable results

Genomic coverage from airway to alveolus

Unlock genetic insights with our Advanced Neurological Disorders Risk Panel, analyzing 164 genes linked to hereditary neuropathy, genetic epilepsy syndromes, and other conditions:

GENE(S)	ASSOCIATED CONDITION
CFTR	Cystic fibrosis and CFTR-related disorders.
SERPINA1	Alpha-1 antitrypsin deficiency — early emphysema and associated liver disease.
SFTPC / SFTPB / ABCA3	Surfactant dysfunction and pediatric or adult interstitial lung disease.
TERT / TERC / RTEL1	Familial pulmonary fibrosis (short-telomere syndromes).
BMPR2	Heritable pulmonary arterial hypertension.

How the Test Works?



Consider testing when...

- ✓ Emphysema or COPD appears early, or with a limited smoking history.
- ✓ Pulmonary fibrosis is unexplained, familial, or arises at a young age.
- ✓ A neonate or child has diffuse lung disease or unexplained respiratory distress.
- ✓ Pulmonary arterial hypertension is idiopathic or clusters in the family.
- ✓ A relative carries a known pathogenic pulmonary variant.

Clinical takeaways

- ▶ Alpha-1 antitrypsin deficiency is frequently diagnosed years late — or never.
- ▶ Familial pulmonary fibrosis often precedes symptoms and clusters quietly.
- ▶ The right genetic result can redirect therapy and transplant planning.
- ▶ Relatives benefit from targeted, low-cost cascade testing.

