

**FAMILIAL ARRHYTHMIA GENETIC TESTING REQUEST**

**CLINICAL INFORMATION**

**North of Scotland Genetics Service**

**Medical Genetics, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD**

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| **Patient Details** (*printed label preferred)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name(s) | | | | | | | | | | | | | | | | Family Name | | | | | | | | | | | | | | | | | | | DOB | | | | | | | | |
| Sex | | | | | | | | | | | | | | | | CHI | | | | | | | | | | | | | | | | | | | Pedigree No. | | | | | | | | |
| Address | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Postcode | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for testing (At least one should be present)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Syncope | | □ | | | | Arrhythmia | | | | | | □ | | | | | Choose an item. | | | | | | | | | | | | | | | | Abnormal ECG (see below) | | | | | | | | | | □ |
| Seizure | | □ | | | | Context of event: | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | Family history (see below) | | | | | | | | | | □ |
| Out of hospital cardiac arrest | | | | | | | | | | | | □ | | | | |  | | | | | | | | | | | | | | | | Sudden cardiac death (<50 years) | | | | | | | | | | □ |
| Details: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suspected diagnosis:** | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | Details: | | | | | | | | | | | | | |
| **ECG diagnosis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QTc:** |  | | | Long QT □ | | | | | Short QT □ | | | | | | | | | Brugada □ | | | | | | ARVC □ | | | | | | | | LBBB □ | | | | RBBB □ | | | IVCD □ | | AV block □ | | |
| T wave: | | | | Normal □ | | | | | Notched □ | | | | | | | | | Inverted □ | | | | | | Biphasic □ | | | | | | | | Pre-excitation □ | | | | | | Ajmaline test abnormal □ | | | | | |
| Exposed to drug known to affect QT interval | | | | | | | | | | | | | | | | | | | | | | □ | | Drug name: | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER INVESTIGATIONS SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Echocardiogram** | | | | | | | | Normal | | | □ | | | Abnormal | | | | | | | □ | | Not done | | | | | □ | | | Details: | | | | | | | | | | | | |
| **MRI** | | | | | | | | Normal | | | □ | | | Abnormal | | | | | | | □ | | Not done | | | | | □ | | | Details: | | | | | | | | | | | | |
| **Autopsy** | | | Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family History** | | | | | | | SCD □ | | | Arrhythmia □ | | | | | | | | | | Long QT □ | | | | | | Brugada QT □ | | | | | | | | ARVC □ | | | HCM □ | | | DCM □ | | Other □ | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which test are you requesting?** | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Genetics contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | Referring doctor: | | | | | | | | | | | | | | | | |
| **FAMILY PEDIGREE** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Please clarify relationships of affected family members to the patient in this box: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed: | | | | | | | | | | | | | | | Date: | | | | | | | | | | | | | | Consultant (Please Print) | | | | | | | | | | | | | | |

**Arrhythmia Panel and Subpanels**

The genes shown will be analysed according to the clinical subpanel selected by the referring clinician.

No analysis will take place if the form is incomplete.

OOHCA/SCD

Full panel

Heart block

*SCN5A*

*ABCC9 GJA1 GJA5 HCN4 KCNA5 KCNE5 NPPA SCN2B SCN4B*

Long QT

CPVT

Brugada

*RYR2*

*CALM1*

*CALM2 CASQ2DPP6*

*TRDN*

*SCN5A*

*CACNA1C CACNA2D1 CACNB2 GPD1L HCN4 KCND3 KCNE3 KCNE5 KCNJ8 RANGRF SCN1B SCN2B SCN3B SCN10A SLMAP TRPM4*

*KCNQ1*

*KCNH2*

*SCN5A*

*KCNE1*

*KCNE2*

*KCNJ2*

*AKAP9 ANK2 CACNA1C CALM1 CALM2 CAV3 KCNJ5 NOS1AP SCN4B SNTA1 TRPM4*

Atrial Fibrillation /

Atrial standstill

Subpanels

*SCN5A*

*HCN4*

*LMNA TRPM4*

Genes