FAMILIAL ARRHYTHMIA GENETIC TESTING REQUEST CLINICAL INFORMATION

North of Scotland Genetics Service

Medical Genetics, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD
Molecular Genetics Lab Email gram.molgen@nhs.scot Tel 01224 553893
Clinical Genetics (*clinical enquiries only*) Tel 01224 552120 Fax 01224 559390

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)

No testing will be undertaken until this form is completed and returned

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.