NON-SYNDROMIC HYPERTROPHIC CARDIOMYOPATHY Requisition

Ship to:
CHEO Genetics Diagnostic Laboratory
401 Smyth Road, Rm w3401
Ottawa, ON, K1H 8L1
Tel: (613) 738-3230 Fax: (613) 738-4814
https://www.cheo.on.ca/en/clinics-services-programs/genetics-diagnostic-laboratory.aspx

Collection Date: _____
Collection Centre: _____
CHEO Pedigree Number: _____

Patient Name: _____
Last First Initial
Health Card Number: _____
DOB: (yy/mm/dd) _____
Address: _____
_____
Telephone: _____

Gender (circle one): Male ☐ Female ☐

Sample Requirements

Blood

☐ Blood 2x 6 mL EDTA ☐ Blood 2x 3 mL EDTA (child) ☐ Blood 3 mL EDTA (infant ≤1 year)

For any other sample types, please contact the laboratory directly.

Health Care Provider Requesting Test

Name: _____
Registration Number: _____
Address: _____
_____
Telephone: _____
FAX: _____

Copy to: Name: _____
Registration Number: _____
Address: _____
_____
Telephone: _____
FAX: _____

Test Requested

□ HCM panel *(12 genes: ACTC1, GLA, LAMP2, MYBPC3, MYH7, MYL2, MYL3, PRKAG2, TNNI3, TNNT2, TPM1, TTR)*
□ Single gene testing (Specify Gene): _____
□ Store DNA for future testing *(DNA will be stored for 2 years then discarded; contact the laboratory if a longer storage term is required)*
□ Familial variant specific test *(Include a copy of the family member's genetic test report. A positive control is recommended if testing was performed in a different lab)*
Proband name:_____ Proband date of birth:_____ Relationship to proband:_____
Gene(s):_____ Variant(s):_____

Clinical Information

Clinical Diagnosis of Hypertrophic Cardiomyopathy: □ Yes - Age of Diagnosis: _____ □ No □ Unknown

Cardiovascular Features:
Left Ventricular Hypertrophy □ Asymmetric □ Concentric □ Apical Max. LV wall thickness: _____ (mm)
Hypertension (treated with medication) □ Yes □ No □ Unknown
Myectomy □ Yes □ No □ Unknown
Pacemaker or implantable defibrillator □ Yes □ No □ Unknown
Atrial Fibrillation □ Yes □ No □ Unknown

Other Clinical Features: □ Yes (specify below) □ No □ Unknown
_____
_____

Ethnicity (be as specific as possible; this is important as the frequency of rare DNA changes can vary between ethnic backgrounds):
□ Ashkenazi Jewish □ Black/African □ East Asian □ European □ First Nations □ French Canadian
□ Hispanic □ Middle Eastern □ South Asian □ Other _____

Positive Family History □ None □ Unknown □ HCM □ Sudden cardiac death <45 years □ Other (specify below)
_____
_____