Please complete using BLACK ink – form will be scanned in lab

CARDIOMYOPATHY GENETIC TESTING REQUEST ADDITIONAL CLINICAL INFORMATION

South East Scotland Genetic Service

Western General Hospital, Edinburgh, EH4 2XU

Molecular Genetics Lab Email edinburgh.dna@luht.scot.nhs.uk Tel 0131 537 1116/1270

Clinical Genetics (*clinical enquiries only*) Tel 0131 537 1116

Lothian University Hospitals Division

PATIENT DETAILS (*printed label preferred*)		
Forename(s)	Surname	DOB
Sex M / F CHI No.	Patient No.	Pedigree No.
Address		Postcode

HYPERTROPHIC CARDIOMYOPATHY ☐

Minimum testing criteria: 1 + (2 and/or 3) must be met

1. ECG or echocardiographic evidence of hypertrophic cardiomyopathy ☐

2. No evidence of hypertensive or valvular heart disease sufficient to cause cardiac hypertrophy ☐

3. Family history of myopathy, cardiomyopathy or related sudden death (pedigree below) ☐

DILATED CARDIOMYOPATHY ☐

Minimum testing criteria: 1, 2 & 3 must be met

1. History of left ventricular failure with echocardiographic evidence of dilated cardiomyopathy ☐

2. Other medical causes should already be excluded including: ☐

- Hypertension
- Ischaemic heart disease
- Hypo/Hyperthyroidism
- Alcohol abuse
- Exposure to cardiotoxic drugs
- Haemochromatosis

3. Family history of myopathy, cardiomyopathy or related sudden death (pedigree below) ☐

CLINICAL INVESTIGATION SUMMARY

ECG

☐ Normal ☐ Abnormal

COMMENTS:

ECHOCARDIOGRAM

Maximum LV wall thickness (cm):

☐ Asymmetric Left Ventricular Hypertrophy

☐ Asymmetric Left Ventricular Non-compaction

☐ Apical Hypertrophy

☐ SAM of Mitral Valve

☐ Diastolic dysfunction

Please Note

1. Please clarify relationships of affected family members to the patient using pedigree box below.
2. If in doubt please contact Dr Wayne Lam (wayne.lam@luht.scot.nhs.uk / tel. 0131 537 1061).

Discussed with Clinical Genetics? Y / N If yes name Clinical Genetics contact:

FAMILY PEDIGREE

Incomplete or illegible forms, or use of incorrect blood tubes, will cause delay or rejection of samples.