Inherited Cardiac Conditions Genetic test request form (AFFECTED PATIENTS ONLY)

South East Scotland Genetic Service

Western General Hospital, Edinburgh, EH4 2XU

Clinical Genetics (*clinical enquiries only*) Email: Loth.WGHClinicalGenetics@nhs.scot Tel: 0131 537 1116

Molecular Genetics (DNA) Lab Email: loth.edinburghdna2@nhs.scot Tel: 0131 537 1116/1280

PATIENT DETAILS (printed label) Sex M /F Required: Name, date of birth, CHI or 1st line of home address and postcode	**CLINICAL DETAILS** **(Tick to confirm which criteria met)** **Hypertrophic cardiomyopathy panel.** ☐ ECG or echo/MRI evidence of hypertrophic cardiomyopathy. **AND** ☐ Absence of sufficient hypertensive or valvular disease to cause hypertrophy. **Dilated/Arrhythmogenic Cardiomyopathy Panel.** ☐ Idiopathic LV failure with echo/MRI confirmed DCM. **OR** ☐ Borderline or definite diagnosis according to 2010 modified ARVC Task Force Criteria **Long QT Panel (Adults)** ☐ Abnormal ECG (QTc≥440ms in males, ≥460ms in females) **AND** ☐ Other causes of QT prolongation excluded. **Brugada** ☐ Spontaneous or Ajmaline induced Type 1 Brugada pattern on ECG. **Any relevant family history:**
Clinician email for report (ESSENTIAL): **Clinician Name (CAPITALS):** **Department:** **Hospital:**	
Please note: *Referral to Clinical Genetics should be made to arrange genetic testing for CPVT, Short QT or unexplained cardiac arrest. Patient in whom inherited cardiac disease is suspected but who do not meet the above criteria should be referred to Clinical Genetics.*	

DISCUSSION

1. ***Implications for self*** The result of my test may indicate I have a risk of future genetic health problems. The result may be helpful in planning current treatment and the management of future risk.
2. ***Family implications*** The results of my test may have implications for other members of my family. I acknowledge that my results may sometimes be used to inform the appropriate health care of others. This could be done in discussion with me, or in such a way that I am not personally identified in this process.
3. ***Uncertainty*** The results of my test *may* reveal genetic variation whose significance is not yet known. Deciding whether such variation is significant may require sharing of information about me, including (inter)national comparisons with variation in others. I acknowledge that interpretation of my results may change over time as evidence is gathered.
4. ***DNA storage*** Normal laboratory practice is to store the DNA extracted from my sample even after the current testing is complete. My sample might be used as a 'quality control' for other testing, for example, that of family members.
5. ***Data storage*** Data from my genetic test will be stored to allow for possible future interpretations.
6. ***Health records*** Results from my genetic test and my test report will be part of my Patient Health Record.

PATIENT CONSENT

I consent to my sample being tested and have been given the information leaflet on genetic testing

Patient Signature: …… **Date:** ……

SAMPLE DETAILS
Required: Blood in Potassium EDTA (KE) tube (1x 3ml)

Taken by: Name (print) Signature:

Date taken: Time taken: High risk (*see over*) Y / N

Please send result to Clinician named above and to Edinburgh.DNA@nhslothian.scot.nhs.uk
Please ALSO send Class 3,4,5 variants to Loth.WGHClinicalGenetics@nhs.scot

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

Sample should be sent to:

Genetics Laboratory
South East Scotland Genetic Service
CGEM Building
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU

Arrange for immediate transport to the laboratory (van service or first class post).
If this is not available, blood specimens should be refrigerated. **(DO NOT FREEZE)**

SAMPLE: EDTA TUBE

It is your responsibility to ensure that samples are packaged to comply with the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR 2019) at
https://www.unece.org/trans/danger/publi/adr/adr2019/19contentse.html
ADR 2019 requires that this sample (unless subject to exceptions outlined in "infection control" below) is labelled:

EXEMPT HUMAN SPECIMEN

----------*Fold along this line and place into specimen bag sleeve with delivery address showing*----------

Infection Control
The laboratory handle samples in accordance with NHS Lothian specimen policy which is contained in the NHS Lothian Infection Control Manual, available on the intranet at:
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/icm/Pages/default.aspx

The DNA laboratory is able to extract DNA from patient who have or are suspected of having Group 3 or 4 pathogens. Samples which must be labelled with a 'Danger of Infection' sticker.
Samples from individuals with a confirmed or suspected diagnosis of CJD are not extracted by the Molecular Genetics laboratory. DNA from such samples will be tested after extraction by the CJD Unit. Samples should be sent to Molecular Genetics, labelled with a 'Danger of Infection' sticker, with the CJD status clearly indicated on the form.

Information for users of genetic tests
The South East Scotland Genetic Service Cytogenetics and Molecular Genetics (DNA) Laboratories website should be consulted for full details of tests available and sample requirements. This can be found at:

http://tinyurl.com/Edinburghgenelab

Requests for other types of genetic tests should **not** be made using this form.

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