

Molecular Genetics Laboratory Cardiac Long QT Requisition 76 Stuart Street, Douglas 4, Room 8-415

Kingston, ON K7L 2V7

Tel: 613)549-6666 ext. 4892

FAX: 613-548-1356 In-house delivery tube station: #31

		Internal Lab use only		
CR# or Hospital ID #	:			-
Patient Name:				
	(Last)		(First)	
Date of Birth (YYYY)	/MM/DD):	/_	/	Sex: M/F
Health Card #:		Expiry Date:		
Address:				
Postal Code:		Phone_		

Revised: 2016/03/17

Specimen Requirements					
Collection Centre:	Collected by:	(please print)			
Date (YYYY/MM/DD):/ Time: □ Blood (10 cc - EDTA vacutainer - lavender or pink) Note: The requisition and specimen must carry the same two unique patient identifiers or the sample may be rejected.					
Family History					
Family Mutation: N	lame:	DOB:/			
Principal Diagnosis, Therapy and/or Clinical History					
Class Categories (please check off all pertaining categories)					
Class I (is recommended) □ Any patient in whom a cardiologist has established a strong clinical index of suspicion for LQTS based on examination of the patient's clinical history, family history, and expressed electrocardiographic (resting 12-lead ECGs and/or provocative stress testing with exercise) phenotype. □ Any asymptomatic patient with QT prolongation in the absence of other clinical conditions that might prolong the QT interval (such as electrolyte abnormalities, hypertrophy, bundle branch block, etc., i.e., otherwise idiopathic) on serial 12-lead ECGs defined as QTc >480 ms (prepuberty) or >500 ms (adults). □ Mutation-specific genetic testing for family members and other appropriate relatives subsequently following the identification of the LQTS-causative mutation in an index case. □ Mutation-specific genetic testing for family members and appropriate relatives following the identification of the BrS-causative mutation in an index case Class IIb (may be considered) □ Any asymptomatic patient with otherwise idiopathic QTc values >460 ms (prepuberty) or >480 ms (adults) on serial 12-lead ECGs. □ Any patient in whom a cardiologist has established a clinical index of suspicion for BrS based on examination of the patient's clinical history, family history, and expressed electrocardiographic (resting 12-lead ECGs and/or provocative					
drug challenge testing) phenotype. Report to: (Physician Information)					
Name:	Phone ()	FAX: ()			
Address:	City:	Postal Code:			
CPSO#: OHIP Billing #:	Signature:				
Internal Lab Use Only: Place Label Here					