Kingston General Hospital
Outstanding care, always™
Clinical Laboratory Services

Internal Lab use only

Molecular Genetics Laboratory Cardiac Long QT & Brugada Syndrome Requisition

76 Stuart Street, Douglas 4, Room 8-415
Kingston, ON K7L 2V7
Tel: 613-549-6666 ext. 4892 FAX: 613-548-135
In-house delivery tube station: #31
http://www.kgh.on.ca/healthcare-providers/lab-requisition-forms

CR# or Hospital ID #: _____

Patient Name: _____
(Last) **(First)**

Date of Birth (YYYY/MM/DD): _____/_____/_____ **Sex: M/F**

Health Card #: _____ **Expiry Date:** _____
(**Patient's address is required to complete testing**)

Address: _____

Postal Code: _____ **Phone**_____

Specimen Requirements

Collection Centre: _____ Collected by: _____(please print)

Date (YYYY/MM/DD): _____/____/____ Time: _____ □ Blood (3-10 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: _____ Name: _____ 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: _____

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Place Label Here