



CR# or Hospital ID #: _____

Patient Name: _____
(Last) (First)

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

Health Card #: _____ Expiry Date: _____

Address: _____
(**Patient's address is required to complete testing**)

Postal Code: _____

Note: The requisition and specimen must carry the same two unique patient identifiers or the sample may be rejected.

**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: 613-548-1356
In-house delivery tube station: #31
<http://www.kgh.on.ca/healthcare-providers/lab-requisition-forms>

Specimen Requirements

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

Date (YYYY/MM/DD): ____/____/____ Time: _____ Blood (3-10 cc - EDTA vacutainer - lavender or pink)

Please select the most applicable indication to proceed with testing:

Family Specific Testing	LQT Panel Testing	SCN5A Testing
<input type="checkbox"/> Mutation-specific genetic testing for family members following the identification of a variant associated with LQT/BrS in an index case. <input type="checkbox"/> Long QT Syndrome <input type="checkbox"/> Brugada Syndrome <u>Targeted Family Mutation:</u> Coding Change: c. _____ Protein Change: p. _____ <i>Provide a molecular genetic report (if possible)</i> Index Case Name: _____ Index Case DOB: ____/____/____ Provide Family Pedigree:	<p>5 Gene LQT NGS Panel: KCNQ1 KCNH2 SCN5A KCNE1 KCNE2</p> <input type="checkbox"/> Any patient in whom a cardiologist has established a strong clinical index of suspicion for LongQT Syndrome based on the patient's clinical history, family history and expressed electrocardiographic phenotype (resting 12-lead ECGs and/or provocative stress testing with exercise) <input type="checkbox"/> 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). <input type="checkbox"/> Any asymptomatic patient with otherwise idiopathic QTc values >460 ms (prepuberty) or >480 ms (adults) on serial 12-lead ECGs.	<p>1 Gene Panel: SCN5A only</p> <input type="checkbox"/> Patient in whom a cardiologist has established a clinical index of suspicion for Brugada Syndrome based on the patient's clinical history, family history and expressed electrocardiographic phenotype (resting 12-lead ECGs and/or provocative drug challenge testing) <input type="checkbox"/> Patient in whom a cardiologist has established a clinical index of suspicion of SCN5A related Arrhythmogenic Cardiomyopathy <input type="checkbox"/> Patient in whom a cardiologist has established a clinical index of suspicion of SCN5A related Premature Conduction System Disease

Report to: (Physician Information)

Name: _____ Phone (____) _____ FAX: (____) _____
 Address: _____ City: _____ Postal Code: _____
 CPSO#: _____ OHIP Billing #: _____ Signature: _____

Internal Lab Use Only:
Place Label Here