Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston
Hôpital Hotel Dieu Hospital | KGH Hôpital Général de Kingston General Hospital

Internal Lab use only

CR# or Hospital ID #: _____

Patient Name: _____
(Last) (First)

Molecular Genetics LQTs/BrS/ Arrhythmia Testing 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

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.*

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

☐ Mutation-specific genetic testing for family members following the identification of a variant associated with LQT/BrS in an index case.

☐Long QT Syndrome ☐ Brugada Syndrome

Targeted Family Mutation: *(FAMSEQ)*

Gene Name: _____

Coding Change: c._____

Protein Change: p. _____

Provide a molecular genetic report (if possible)

Index Case Name:

_____

Index Case DOB: _____/_____/____

Provide Family Pedigree:

LQT Panel Testing

5 Gene LQT NGS Panel: *(HCCP)*

KCNQ1,KCNH2,SCN5A,KCNE1,KCNE2

☐ 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)

☐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).

☐ Any asymptomatic patient with otherwise idiopathic QTc values >460 ms (prepuberty) or >480 ms (adults) on serial 12-lead ECGs.

SCN5A Testing

1 Gene Panel: SCN5A only *(HCCP)*

☐ 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)

1 Gene Panel: SCN5A only *(HCCP)*

☐ Patient in whom a cardiologist has established a clinical index of suspicion of SCN5A related **ARRHYTHMOGENIC CARDIOMYOPATHY**

☐ 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:** _____

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Place Label Here