**FAMILIAL HYPERCHOLESTEROLAEMIA GENE TEST REQUEST**

**Laboratory Genetics, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD**

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| **Essential Patient Demographics (Patient label can be used)** |
| Forename: | Surname: | Date of Birth: |
| CHI No.: | Pedigree no. (if relevant): | Male / Female(Circle as appropriate)  |
| Address (**must** include postcode): |
|   | **Postcode:** |
| **Essential Referrer Details** |
| Referring Clinician(s):  | Department & Address for report:  |
| Email address (generic departmental where possible): |
| **Essential Sample Information** |
|  Sample Type:  | Date Taken:  | Time Taken:  |
| High Risk: YES / NO If yes, please state risk \_\_\_\_\_\_\_\_\_\_\_\_\_\_***Notify lab in advance if high risk*** | Urgent analysis required: YES / NO | DNAStorage only: YES / NO |
| **INDEX CASES:** see [Diagnosing familial hypercholesterolaemia (guidelines) | Right Decisions](https://rightdecisions.scot.nhs.uk/tam-treatments-and-medicines-nhs-highland/adult-therapeutic-guidelines/lipids/diagnosing-familial-hypercholesterolaemia-guidelines/)**Indicate how patient meets FH Wales Criteria:** <https://fhwalescriteria.co.uk/assistant> Choose the highest relevant score in each box and add together.**Score of 6 or above is eligible for genetic testing. Score of 5 or less not eligible unless exceptional circumstances.** |
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| 1 | **Family history ie 1st or 2nd degree relative with**CHD aged <60 yrsCHD aged <45 yrsAdult: LDL cholesterol > 4.9 mmol/L (or total cholesterol > 7.5 mmol/L)Age <18 yrs: LDL cholesterol > 4.0 mmol/L (or total cholesterol > 6.7 mmol/L) | 1212 |
| 2 | **Physical examination**Tendon xanthomata (in patient or 1st /2nd degree relative)Premature corneal arcus (<50 yrs) | 64 |
| 3 | **Patient clinical history**Patient with premature CHD (<45yrs)Patient with premature CHD (<50yrs)Patient with premature CHD (<60yrs)Patient with premature (<60yrs) strokes and/or peripheral vascular disease | 4321 |
| 4 | **Patient untreated or corrected LDL-cholesterol** (<https://fhwalescriteria.co.uk/ldl_estimator>)Consider age of patient. Secondary causes should be excluded prior to genetic testing. LDL-cholesterol 8.5 mmol/L or higherLDL-cholesterol 6.5 to 8.4 mmol/LLDL-cholesterol 5.0 to 6.4 mmol/LLDL-cholesterol 4.0 to 4.9 mmol/L | 8531 |
| 5 | **Patient fasting triglycerides**Triglycerides 2.5 to 3.4 mmol/LTriglycerides 3.5 to 4.9 mmol/LTriglycerides 5.0 mmol/L or higher | -2-3-4 |
|  | **Choose ONE score only per category** **(Score ≥6 eligible for genetic testing) Total** |  |

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| **Additional details if applicable** |
| **Discussed with Clinical Genetics or Lipidologist?** Y / N / NA If yes name of contact:  |
| **CASCADE TESTING OF RELATIVES: complete where family variant has already been detected** |
| Pedigree reference no.:Name of relative with known variant:Variant details including lab. report reference:***If index variant found in another lab please supply a copy of the report where possible*** |
| ***CONSENT: It is the responsibility of the referring clinician to obtain informed consent from the patient / carer for the test and for the sample to be stored for future diagnostic testing.*** ***Referring Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_*** |