

**FAMILIAL HYPERCHOLESTEROLAEMIA GENE TEST REQUEST**

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<b>Essential Patient Demographics (Patient label can be used)</b>		
Forename:	Surname:	Date of Birth:
CHI No.:	Pedigree no. (if relevant):	Male / Female (Circle as appropriate)
Address ( <b>must</b> include postcode):		
		Postcode:
<b>Essential Referrer Details</b>		
Referring Clinician(s):	Department & Address for report:	
Email address (generic departmental where possible):		
<b>Essential Sample Information</b>		
Sample Type:	Date Taken:	Time Taken:
High Risk: YES / NO If yes, please state risk _____ <b>Notify lab in advance if high risk</b>	Urgent analysis required: YES / NO	DNA Storage only: YES / NO
<b>INDEX CASES:</b> see <a href="#">Diagnosing familial hypercholesterolaemia (guidelines)   Right Decisions</a> <b>Indicate how patient meets FH Wales Criteria:</b> <a href="https://fhwalescriteria.co.uk/assistant">https://fhwalescriteria.co.uk/assistant</a> Choose the highest relevant score in each box and add together. <b>Score of 6 or above is eligible for genetic testing. Score of 5 or less not eligible unless exceptional circumstances.</b>		
1	<b>Family history ie 1<sup>st</sup> or 2<sup>nd</sup> degree relative with</b> <div style="text-align: right;">           CHD aged &lt;60 yrs 1            CHD aged &lt;45 yrs 2            Adult: LDL cholesterol &gt; 4.9 mmol/L (or total cholesterol &gt; 7.5 mmol/L) 1            Age &lt;18 yrs: LDL cholesterol &gt; 4.0 mmol/L (or total cholesterol &gt; 6.7 mmol/L) 2         </div>	
2	<b>Physical examination</b> <div style="text-align: right;">           Tendon xanthomata (in patient or 1<sup>st</sup> / 2<sup>nd</sup> degree relative) 6            Premature corneal arcus (&lt;50 yrs) 4         </div>	
3	<b>Patient clinical history</b> <div style="text-align: right;">           Patient with premature CHD (&lt;45yrs) 4            Patient with premature CHD (&lt;50yrs) 3            Patient with premature CHD (&lt;60yrs) 2            Patient with premature (&lt;60yrs) strokes and/or peripheral vascular disease 1         </div>	
4	<b>Patient untreated or corrected LDL-cholesterol</b> ( <a href="https://fhwalescriteria.co.uk/ldl_estimator">https://fhwalescriteria.co.uk/ldl_estimator</a> ) Consider age of patient. Secondary causes should be excluded prior to genetic testing. <div style="text-align: right;">           LDL-cholesterol 8.5 mmol/L or higher 8            LDL-cholesterol 6.5 to 8.4 mmol/L 5            LDL-cholesterol 5.0 to 6.4 mmol/L 3            LDL-cholesterol 4.0 to 4.9 mmol/L 1         </div>	
5	<b>Patient fasting triglycerides</b> <div style="text-align: right;">           Triglycerides 2.5 to 3.4 mmol/L -2            Triglycerides 3.5 to 4.9 mmol/L -3            Triglycerides 5.0 mmol/L or higher -4         </div>	
	<b>Choose ONE score only per category</b> <b>(Score ≥6 eligible for genetic testing)</b>	
	<b>Total</b>	
Additional details if applicable		
Discussed with Clinical Genetics or Lipidologist? Y / N / NA		
If yes name of contact:		
<b>CASCADE TESTING OF RELATIVES: complete where family variant has already been detected</b>		
Pedigree reference no.:		
Name of relative with known variant:		
Variant details including lab. report reference:		
<b>If index variant found in another lab please supply a copy of the report where possible</b>		
<b>CONSENT:</b> 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: _____		

Incomplete or illegible forms, or use of incorrect blood tubes, will cause delay or rejection of samples.