

FAMILIAL HYPERCHOLESTEROLEMIA/DYSLIPIDEMIA REQUISITION

LAB USE ONLY

Received date:

Notes:

SAMPLE COLLECTION

Date drawn:
YYYY/MM/DD

EDTA blood (lavender top) (5ml at room temp)

DNA (100ng minimum) Other:

TEST REQUEST

Familial Hypercholesterolemia- Focused Panel (8 genes)
ABCG5, ABCG8, APOB, APOE, LDLR, LDLRAP1, LIPA, PCSK9

Dyslipidemia - Comprehensive Panel (25 genes)
ABCA1, ABCG5, ABCG8, ANGPTL3, APOA1, APOA5, APOB, APOC2, APOC3, APOE, CETP, GPD1, GPIHBP1, LCAT, LDLR, LDLRAP1, LIPA, LIPC, LMF1, LPL, MTP, PCSK9, SAR1B, SCARB1, STAP1

Carrier testing/ Known Family Mutation
LHSC MD#/Name of index case in the family (include copy of report)

Date of Birth:

Relationship to this patient:

Gene: RefSeq:NM:

Mutation:

PATIENT INFORMATION (INCOMPLETE REQUESTS WILL BE BANKED)

Name:

Address:

Date of Birth:
YYYY/MM/DD

Health Card No.:

Sex: M F Unknown Unspecified

Birthsex: M F Unknown Unspecified

ELIGIBILITY CRITERIA FOR TESTING

Individual must meet **one or more** of the following:

1. **Confirmed FH disease-causing pathogenic/likely pathogenic variant in a close blood relative**

2. **High LDL-cholesterol level of ≥ 8.5 mmol/L at any age**

3. **Untreated elevated LDL-cholesterol level (not due to secondary causes)**
Specify: **mmol/L**

Untreated LDL-cholesterol level ≥ 5.0 mmol/L for age 40 years and over

Untreated LDL-cholesterol level ≥ 4.5 mmol/L for age 18 to 39 years

Untreated LDL-cholesterol level ≥ 3.5 mmol/L for age under 18 years

AND at least one of the following:

Tendon xanthomas and/or corneal arcus in proband

First-degree relative (FDR) with high LDL- cholesterol level (not due to secondary causes)

Proband or FDR with early onset ASCVD (men under 55 years; women under 65 years)

Limited family history information (e.g., adopted)

4. **Clinical judgement:**Criteria above not met, but suspicion remains
Describe:

REFERRING PHYSICIAN

Authorized Signature is Required

Physician Name (print):

Signature: Email:

Clinic/Hospital:

Address:

Telephone: Fax:

CC REPORT TO

Name:

Address:

Telephone:

Fax:

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