



**INDEX PATIENT/ FAMILIAR INFORMATION** (obligatory field, delete as applicable)

Name: \_\_\_\_\_; Date of birth: \_\_\_\_\_

Gender: ☐ M ☐ F Ethnicity and geographical origin: - from index patient

\_\_\_\_\_ ; - from the mother \_\_\_\_\_, - from the

father \_\_\_\_\_ Consultancy Referral Number: \_\_\_\_\_

Identification Label / Barcode

Place the identification label here

**SPECIMEN SOURCE** (obligatory field)

☐ Whole blood ☐ DNA ☐ Saliva

**URGENT** ☐

Reason: \_\_\_\_\_

**PHYSICIAN INFORMATION** (obligatory field)

Physician \_\_\_\_\_

Address \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**MOLECULAR TEST REQUESTED** (obligatory field)

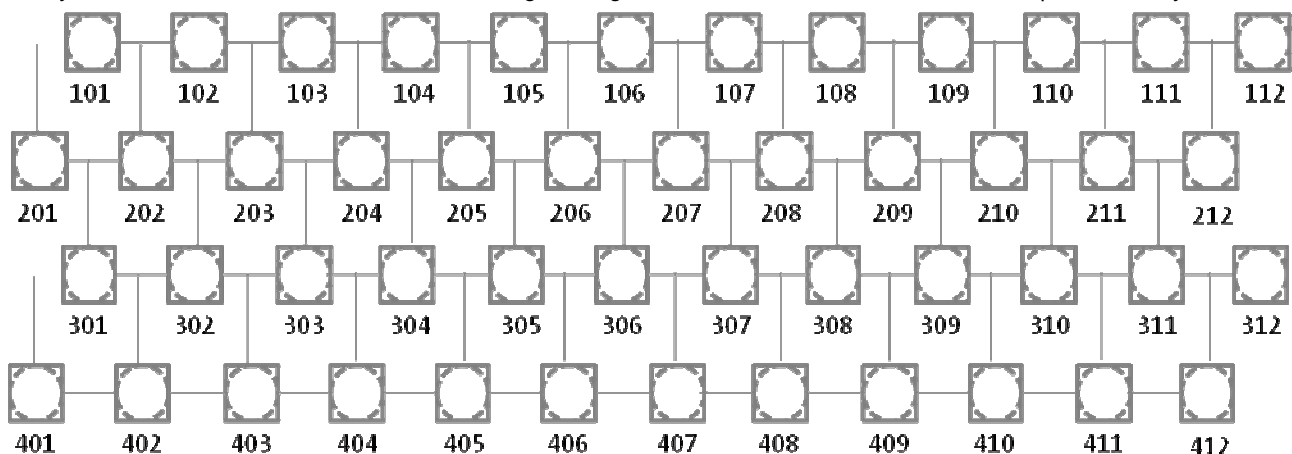
**Genetic evaluation of hypertrophic cardiomyopathy** ☐

Evaluation of genetic alterations in 53 genes associated with hypertrophic cardiomyopathy development, in particular the ones that are related with cardiac contraction mechanism and that comprise the dysfunction of the 1) mechanical kinetics between sarcomeric proteins; 2) biochemical sensitivity to calcium and 3) cell bioenergetics related with myosin ATPase activity.

**PREVIOUS GENETIC CONSULTANCY:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_; **AGE OF DIAGNOSTIC:** \_\_\_\_\_

**FAMILIAR INFORMATION**

Previously studied familial members: identification in genealogical tree. Point out the individual in the present study with an arrow (↗).





Name: \_\_\_\_\_

Consultancy Referral Number: \_\_\_\_\_

Position in the tree	Name / Consultancy Referral Number	Clinical information and age of diagnostic

**CLINICAL INFORMATION**

**COMPLEMENTARY DIAGNOSTIC EXAMS**

\_\_\_\_\_  
\_\_\_\_\_

**THERAPEUTICS**

\_\_\_\_\_  
\_\_\_\_\_

**ANNEX**

- ☐ Sample tubes labeled with index case / patient / familiar information
- ☐ Whole blood (preferable) (Date obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_), Conditions: 4mL or 2 X 3mL in K<sub>2</sub>EDTA or K<sub>3</sub>EDTA collection tube
- ☐ DNA (Date obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_); Volume \_\_\_\_ µL; Concentration \_\_\_\_ µg/mL; Purification Method: \_\_\_\_\_; Conditions: minimum 300ng of 35ng/µL,
- ☐ Saliva (recommended kit: Ex: Oragene DNA collection kit Genotek)

**INFORMED CONSENT INFORMATION (IT IS MANDATORY TO BE SIGNED)**

I hereby authorize the collection of my/ my child's ..... [name] biological sample for the genetic test specified in this request. I declare that I have been informed about genetic testing features and that I understand the benefits and limitations of the cardiovascular genetic test regarding genetic analysis of hypertrophic cardiomyopathy for which I am giving permission.

I give permission for the anonymously processing of the obtained digital data: yes ☐ no ☐

I give permission for the biological specimen and clinical information to be anonymously used in research studies: yes ☐ no ☐

**Place and Date** \_\_\_\_\_; \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ **Signature** \_\_\_\_\_

**Physician signature** \_\_\_\_\_