



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 here the identification label

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)

Evaluation of molecular risk markers for arterial hypertension - Full panel ☐

Evaluation of genetic variants in 56 genes that can be considered molecular risk markers predisposing for arterial hypertension, in particular genetic variants that are related with the regulation and / or dysfunction of the 1) renin-angiotensin-aldosterone system, 2) vascular endothelium 3) renal tubule, 4) signal transduction system, 5) sodium channels, 6) autonomous nervous system and 7) mendelian diseases associated with arterial hypertension. Evaluation of genetic variants that contribute to anti-hypertensive therapy effectiveness.

PREVIOUS GENETIC CONSULTANCY: Date ____/____/____; **AGE OF DIAGNOSTIC:** _____

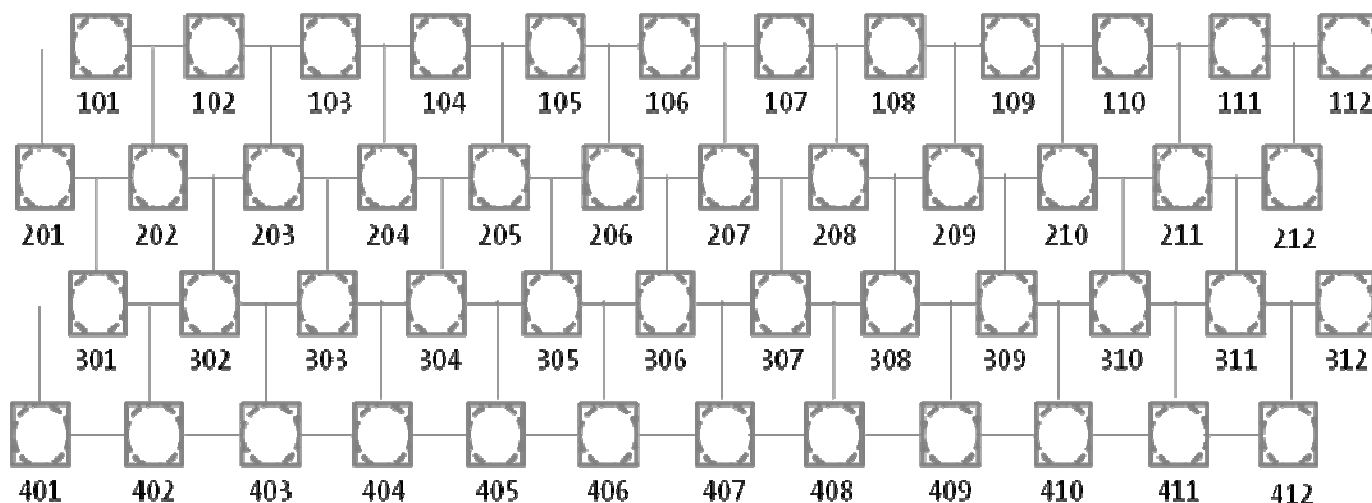
FAMILIAR INFORMATION

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 *

* Legend: age (A) arterial hypertension (AHTN), AHTN in pregnancy, acute myocardial infarction (AMI), congestive heart failure (CHF), stroke (S), acute pulmonary edema (APE), peripheral artery disease (PAD), retinopathy (R), sudden death (SD)

CLINICAL INFORMATION: COMPLEMENTARY DIAGNOSTIC EXAMS

By filling these fields you are contributing to improve your future patient diagnostics as we are developing tools to model clinical and genetic data regarding Arterial Hypertension risk factors.

Clinical information	Data
AHTN diagnostic date	____ (day) / ____ (month) / ____ (year), ____ years
Age of AHTN diagnostic	
AP (previous to therapeutics)	____ (systolic) ____ (diastolic) mmHg
Cardiac frequency (bpm)	_____
Physical activity (hours / week)	_____
AP (subsequent to therapeutics)	____ (systolic) ____ (diastolic) mmHg
Antihypertensive therapeutics (dose frequency)	
Secondary AHTN - disease associated	renal <input type="checkbox"/> , endocrinology <input type="checkbox"/> , conjunctive tissue <input type="checkbox"/> , arterial vessels <input type="checkbox"/>



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Associated risk factors	poor diet with high sodium intake <input type="checkbox"/> , fast food <input type="checkbox"/> , lack of physical activity <input type="checkbox"/> , smoking <input type="checkbox"/> , n° cigarettes /day____, n° packs /day _____, stop smoking at ____ years____, ethanolism <input type="checkbox"/> , stress <input type="checkbox"/> , anxiety <input type="checkbox"/>
Associated diseases	metabolic syndrome <input type="checkbox"/> , diabetes mellitus <input type="checkbox"/> , dyslipidemia <input type="checkbox"/> , renal artery disease <input type="checkbox"/> , aortic diseases <input type="checkbox"/>
Target organs *	ischemic stroke <input type="checkbox"/> ^(A) , hemorrhagic stroke <input type="checkbox"/> ^(A) ; AMI <input type="checkbox"/> ^(A) , APE <input type="checkbox"/> ^(A) , angina <input type="checkbox"/> ^(A) , CHF <input type="checkbox"/> ^(A) , renal disease <input type="checkbox"/> ^(A) , , PAD <input type="checkbox"/> ^(A) , AHTN crisis <input type="checkbox"/> ^(A)
AH pregnancy	preeclampsia <input type="checkbox"/> , eclampsia <input type="checkbox"/> , fetal losses <input type="checkbox"/>
Chronic diseases	
Long life therapeutics	

Diagnostic Exams

- HgB, MCV, glycemia, urea, creatinine, uric acid, Na, K, Cl, Ca, P, Mg, CHOL, TRIG, HDL, LDL, APOB, VLDL, protein /albumin, vit.D, ACTH, TSH, T3, T4....., PTH, renin, angiotensin, aldosterone, cortisol, catecholamines, blood glomerular filtration rate, autoantibodies (serum)
- urea, creatinine, uric acid, urine II, Na, K, Cl, Ca, P (urinary)
- protein /albumin, urine metanephrines 24h
- ECG (alterations)
- Echocardiography (alterations)
- Radiography of chest (alterations)
- Ultrasound (alterations)
- Doppler ultrasound of carotid (alterations)
- Doppler ultrasound of lower limb arteries (alterations)
- Ambulatory blood pressure (alterations)
- Cardiac exercise stress test (alterations)
- TAC/Angio-TAC
- Arterial pulse wave velocity (alterations)
- Others

* age (A), acute myocardial infarction (AMI), congestive heart failure (CHF), acute pulmonary edema (APE), peripheral artery disease (PAD).



Name: _____

Consultancy Referral Number: _____

ANNEX

- ☐ Sample tubes labeled with index case / patient / familiar information
- ☐ Whole blood (preferable) (Date obtained: ____ / ____ / ____), Conditions: 4mL or 2 X 3mL in K₂EDTA or K₃EDTA collection tube
- ☐ DNA (Date obtained: ____ / ____ / ____); Volume ____μL; Concentration ____ μg/mL; Purification Method: _____; Conditions: minimum 300ng of 35ng/μL,
- ☐ Saliva (Recommended kit: 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 molecular risk markers for arterial hypertension 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 _____