



## MOLECULAR TEST REQUISITION FORM

### GENETIC ANALYSIS OF HYPERTROPHIC CARDIOMYOPATHY

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

Acronym: \_\_\_\_\_ (1st letter of each name or a number) ; Age: \_\_\_\_\_; Gender: ☐ M ☐ F  
Ethnicity and geographical origin: - from index patient \_\_\_\_\_;  
- from the mother \_\_\_\_\_; from the father \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_

Identification Label / Barcode

Stick here the identification label

#### SPECIMEN INFORMATION (obligatory field)

☐ Whole blood; ☐ DNA; ☐ Cells collected from buccal swab or saliva, ☐ Other

**URGENT** ☐

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

#### PHYSICIAN INFORMATION (obligatory field)

Physician ( \_\_\_\_\_

Address \_\_\_\_\_

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

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

#### MOLECULAR TEST REQUESTED (obligatory field)

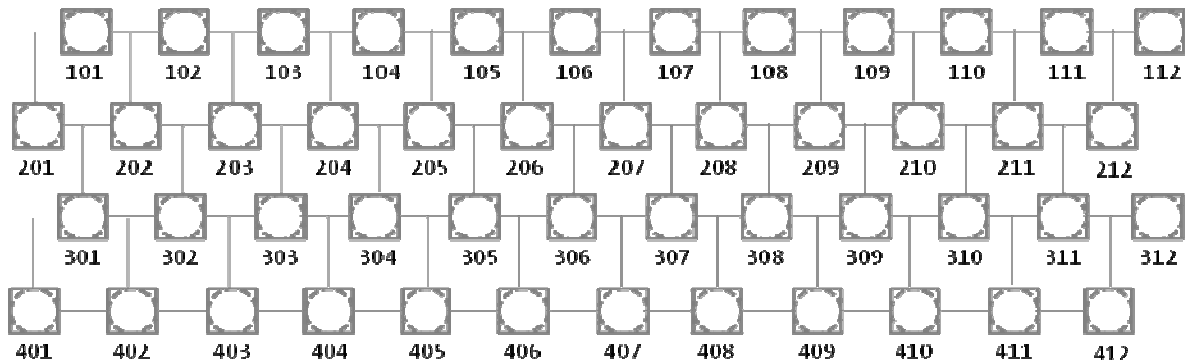
**Genetic evaluation of hypertrophic cardiomyopathy** ☐

Evaluation of genetic alterations that are associated with hypertrophic cardiomyopathy, in particular 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. In this context are evaluated 957 genetic variants in 56 genes associated with hypertrophic cardiomyopathy.

**PREVIOUS GENETIC CONSULTANCY:** Data ...../...../.....; **DIAGNOSTIC DATA:** ...../...../.....;

#### FAMILIAR INFORMATION

Previously studied familial members: identification in genealogical tree. Point out the individual in the present study with a ↗ .



Position in the tree	Medical Record Number / acronym	Clinical information and data of diagnostic

#### RELEVANT CLINICAL INFORMATION / DIAGNOSTIC EXAMS

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#### THERAPEUTICS

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#### ANNEX

☐ Sample tubes labeled with patient / familiar information

- ☐ Whole blood (preferable) (Date obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ), Conditions: 4mL in K<sub>2</sub>EDTA collection tube
- ☐ DNA (Date obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ); Volume \_\_\_\_ μL; Concentration \_\_\_\_ μg/mL; Purification Method: \_\_\_\_\_; Conditions: minimum 300ng of 25ng/μL,
- ☐ Cells collected from buccal swab or saliva, Conditions: Ex: Oragene DNA collection kit Genotek

#### DOCUMENTS SIGNED BY PHYSICIAN

Statement of liability ☐

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

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

#### INFORMED CONSENT INFORMATION (It is mandatory to be signed)

**MY SIGNATURE ON THE INFORMED CONSENT DOCUMENT WAS PERFORMED AFTER SIGNATURE OF THE PATIENT / INDIVIDUAL. I WILL BE RESPONSIBLE FOR SAVING SUCH DOCUMENT.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ; Physician signature: \_\_\_\_\_