HEARTGENETICS
GENETICS & BIOTECHNOLOGY

Taguspark, Parque de Ciência e Tecnologia,
Edifício Inovação II, 421, 2740-122 Oeiras
+351 263 974 652 | contact@heartgenetics.com |
www.heartgenetics.com

MOLECULAR TEST REQUISITION FORM

EVALUATION OF MOLECULAR RISK MARKERS FOR ARTERIAL HYPERTENSION

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

Name: _____; Age: _____; 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; ☐ Cells collected from buccal swab or saliva; ☐ Other_____

URGENT ☐
Reason: _____

PHYSICIAN INFORMATION (obligatory field)

Physician_____

Address _____

Institution: _____Departament:_____

Telephone: _____ Fax: _____ E-mail: _____

MOLECULAR TEST REQUESTED (obligatory field)

Evaluation of molecular risk markers for arterial hypertension
Evaluation of genetic variants that can be considered molecular risk markers predisposing for arterial hypertension, in particular genetic variants that are related with:

1) the renin-angiotensin-aldosterone system ☐

2) the vascular endothelial dysfunction ☐

3) a renal tubule ☐

4) autonomous nervous system ☐

5) mendelian diseases that are known to cause arterial hypertension ☐

6) Single nucleotide polymorphisms /SNPs ☐

- Evaluation of 80 molecular risk markers in the 45 genes associated with the referred above systems 1-6 ☐

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

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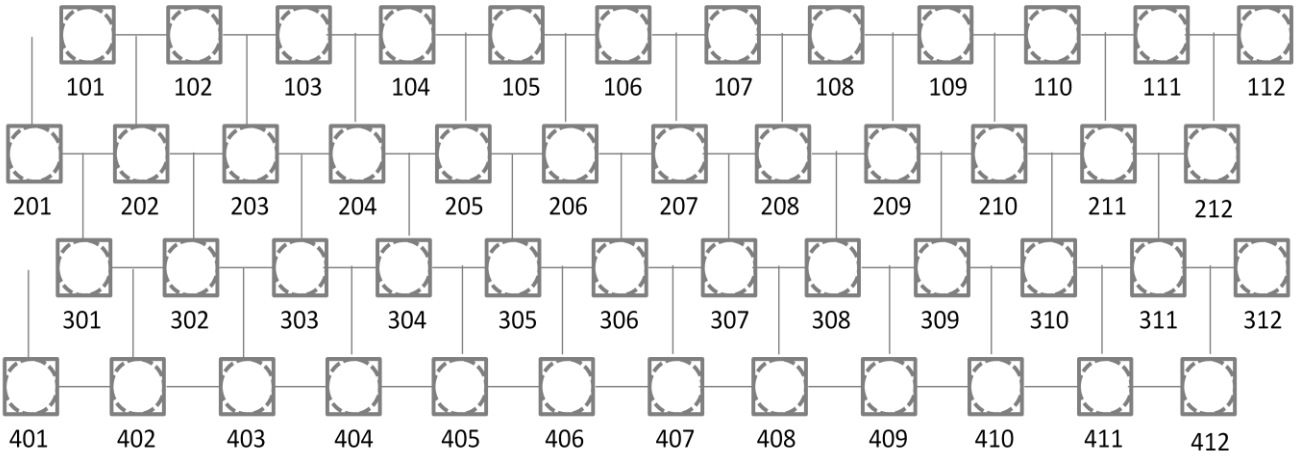
FAMILIAR INFORMATION

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



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

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

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

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Associated risk factors	poor diet with high sodium intake ☐, fast food ☐, lack of physical activity ☐, smoking ☐, nº cigarrets /day___, nº packs /day _____, stop smoking at ____ years____, ethanolism ☐, stress ☐, anxiety ☐
Associated diseases	metabolic syndrome ☐, diabetes mellitus ☐, dyslipidemia ☐, renal artery disease ☐, aortic diseases ☐
Target organs (age in years)	ischemic stroke ☐ .... (A), hemorrhagic stroke ☐ .... (A); AMI ☐ .... (A), APE ☐ .... (A), Angina ☐ .... (A), ICC ☐ .... (A), renal disease ☐ .... (A), , PAD ☐ .... (A), AHTN crisis ☐ .... (A)
AH pregnancy	preeclampsia ☐, eclampsia ☐, fetal losses ☐
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 ....., aldoesterone ....., cortisol ..... cathecolamines ....., blood glomerular flitration rate ....., autoantibodies ..... (serum)
- urea ....., creatinin ....., 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 .....

.....

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ANNEX

☐ Sample tubes labeled with index case / patient / familiar information

☐ Whole blood (preferable) (Date obtained: ____ / ____ / ___), Conditions: 4mL or 2 X 3mL in K_2EDTA collection tube

☐ DNA (Date obtained: ___ / ___ / ___); Volume ____µL; Concentration _____ µg/mL; Purification Method: _____; Conditions: minimum 300ng of 35ng/µL,

☐ Cells collected from buccal swab or saliva, Conditions: 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 Arterial Hypertension for which I am giving permission.

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 ☐

Date	Patient signature	Physician signature
____/____/ 20___	_____	_____