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
MOLECULAR RISK MARKERS OF HIGH RISK AND PREVALENCE FOR ARTERIAL HYPERTENSION

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: _____Departament:_____

Telephone: _____ Fax: _____ E-mail: _____

MOLECULAR TEST REQUESTED (obligatory field)

Evaluation of molecular risk markers of high risk and prevalence for arterial hypertension ☐

Evaluation of genetic variants in 35 genes that can be considered molecular markers 1) of high risk predisposing for arterial hypertension and 2) with a high prevalence in hypertensive patients. In particular, are evaluated 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 and 6) autonomous nervous system.
In addition are evaluated 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 (↗) .

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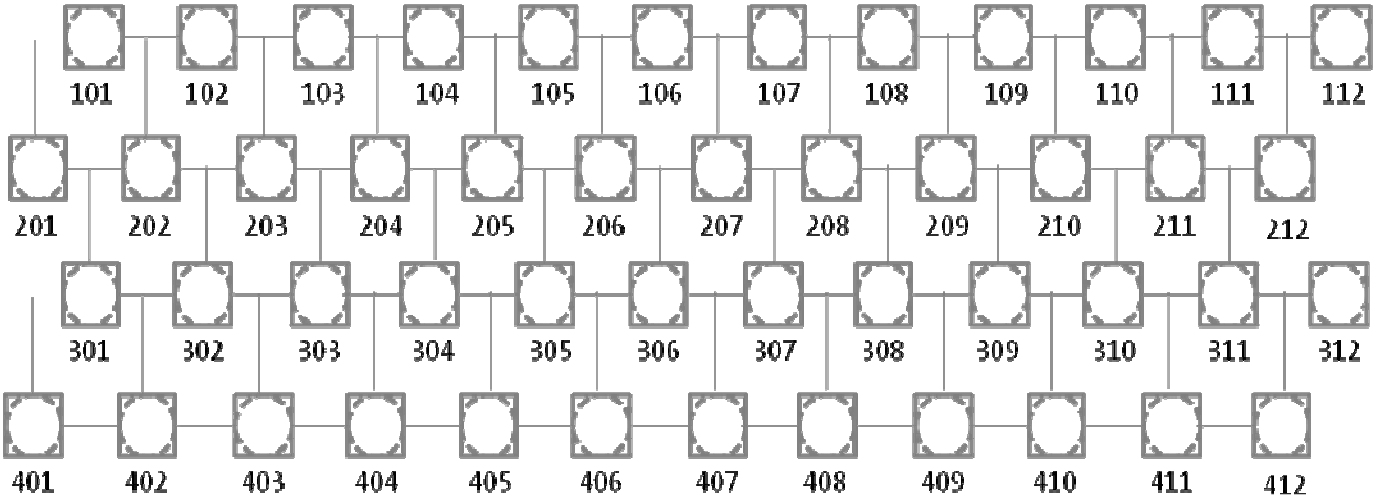

Position in the tree	Name / Consultancy Referral Number	Clinical information and age of diagnostic *

* 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 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 cigarettes /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 *	ischemic stroke ☐ .... (A), hemorrhagic stroke ☐ .... (A); AMI ☐ .... (A), APE ☐ .... (A), angina ☐ .... (A), CHF ☐ .... (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 .....

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

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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 or K_3EDTA 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 _____