



MOLECULAR TEST REQUISITION FORM
EVALUATION OF MOLECULAR RISK MARKERS 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 for arterial hypertension

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

- Full panel: evaluation of 56 genes associated with all the systems ☐
- Phase 1 panel: evaluation of 35 genes associated with the systems 1, 2, 3, 4, 5, 6 ☐
- Phase 2 panel: evaluation of 33 genes associated with the systems 1, 2, 3, 4, 7 ☐

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

FAMILIAR INFORMATION

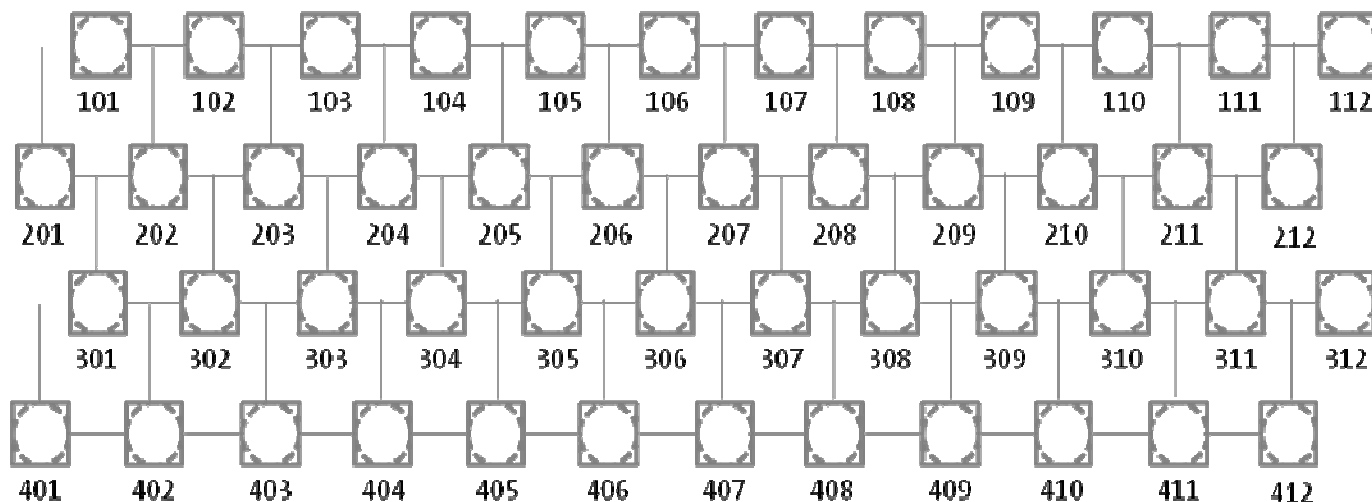
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Position in the tree	Name / Consultancy Referral Number	Clinical information and data of diagnostic

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 <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"/> , nº cigarrets /day____, nº 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 (age in years)	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, creatinin, uric acid, urine II, Na, K, Cl, Ca, P (urinary)
- protein /albumin, urine metanephries 24h
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- Doppler ultrasound of carotid (alterations)
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- Others

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- ☐ 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, Conditions: Ex: Oragene DNA collection kit Genotek

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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.

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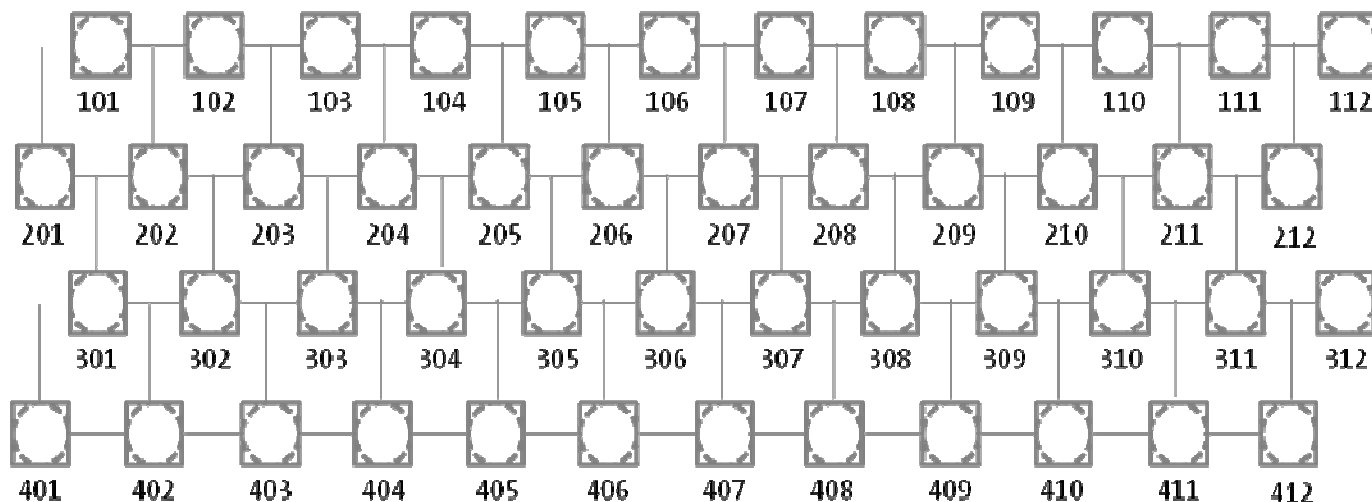
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Antihypertensive therapeutics (dose frequency)	
Secondary AHTN - disease associated	renal <input type="checkbox"/> , endocrinology <input type="checkbox"/> , conjunctive tissue <input type="checkbox"/> , arterial vessels <input type="checkbox"/>



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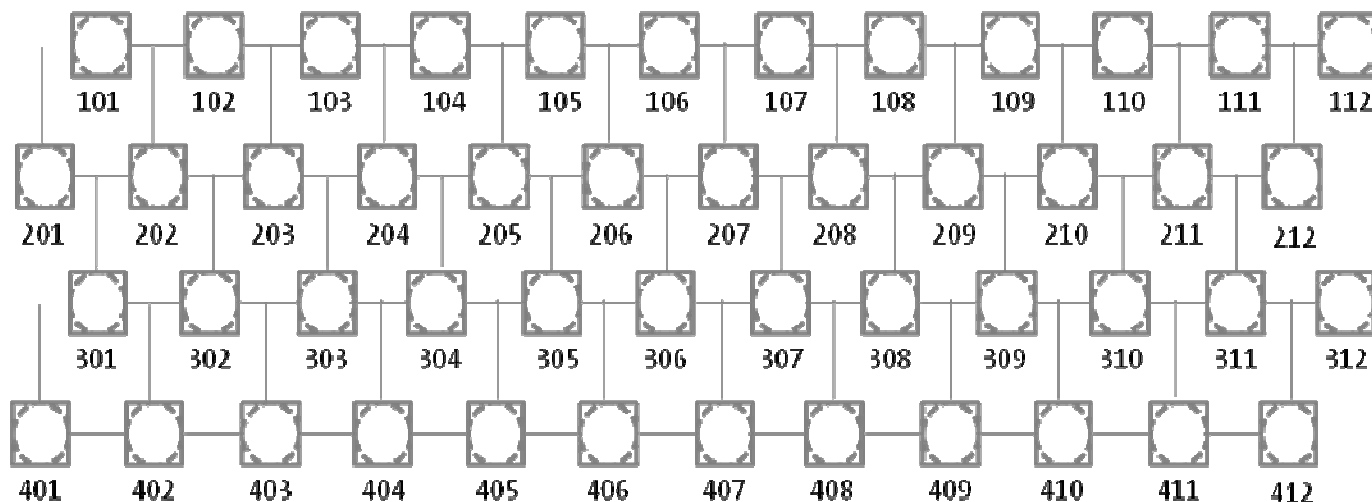
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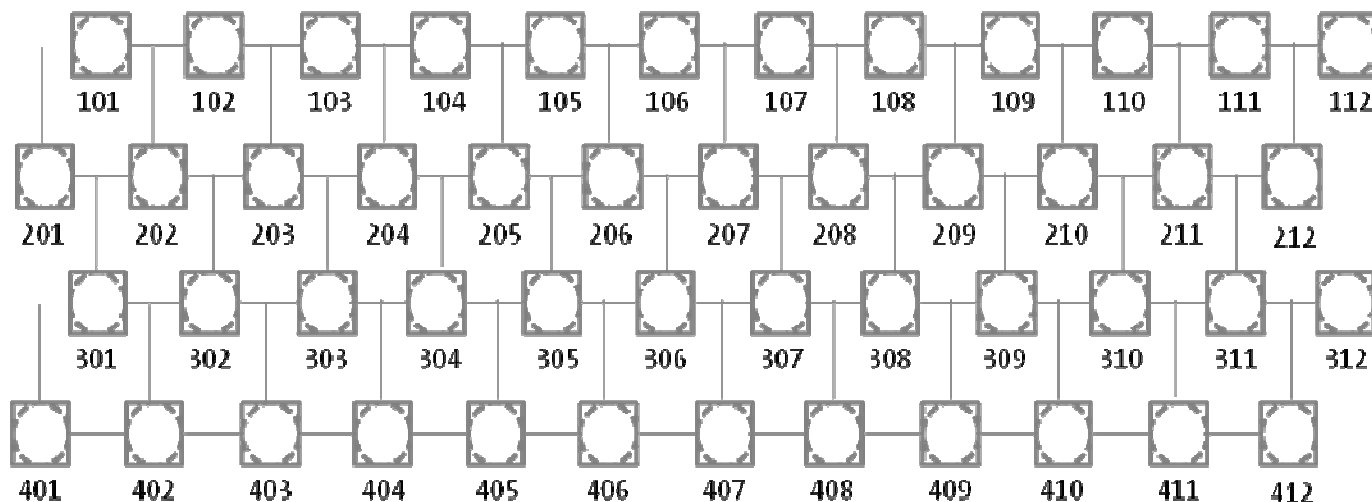
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