

FAMILIAL HYPERCHOLESTEROLEMIA TESTING REQUISITION

~ Visit community collection lab for blood draw ~

PATIENT DEMOGRAPHICS:	
Last Name: _____	Health Card #: _____
First Name: _____	Date of Birth (DD/MM/YYYY): _____ / _____ / _____
Address: _____	Legal Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
City: _____ Province: _____ Postal Code: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> X
	Phone Number: _____
	Email Address: _____
REFERRING PROVIDER:	
Name (Last, First): _____	
Address: _____	
City: _____ Province: _____ Postal Code: _____	
Phone #: _____ Fax #: _____	
CPSO #: _____ Billing (OHIP) #: _____	
Signature: _____ Date: _____	
COPIES TO:	
Name (Last, First) : _____	
Address: _____	
City: _____ Province: _____ Postal Code: _____	
Phone #: _____ Fax #: _____	
CPSO #: _____	
SPECIMEN INFORMATION:	
<input type="checkbox"/> Blood (5-10mL EDTA, room temp)	
<i>Note: Extracted DNA is not accepted for testing</i>	
SPECIMEN COLLECTION:	
DATE (DD/MM/YYYY): _____ TIME (HH:MM): _____	
<input type="checkbox"/> Familial Hypercholesterolemia Panel	
Sequence and copy number analysis of the following genes: <i>ABCG8, ABCG5, APOE, APOB, LDLR, LDLRAP1, LIPA, PCSK9</i>	
Individual must meet one or more of the following. Select all that apply:	
<input type="checkbox"/> 1. Confirmed FH disease-causing pathogenic/likely pathogenic variant in a close (1 st or 2 nd degree) blood relative	
<input type="checkbox"/> 2. Extremely high LDL-cholesterol level of ≥ 8.5 mmol/L at any age.	
<input type="checkbox"/> 3. High LDL with additional features: Personal history of untreated elevated LDL cholesterol level (not due to secondary causes).	
Specify: _____ mmol/L	
<input type="checkbox"/> Untreated LDL-cholesterol level ≥ 5.0 mmol/L for age 40 years and over	
<input type="checkbox"/> Untreated LDL-cholesterol level ≥ 4.5 mmol/L for age 18 to 39 years	
<input type="checkbox"/> Untreated LDL-cholesterol level ≥ 3.5 mmol/L for age under 18 years	
AND at least one of the following:	
<input type="checkbox"/> Tendon xanthomas and/or corneal arcus in proband	
<input type="checkbox"/> First-degree relative (FDR) with high LDL-cholesterol level (not due to secondary causes)	
<input type="checkbox"/> Proband or FDR with early onset ASCVD (men under 55 years; women under 65 years)	
<input type="checkbox"/> Limited family history information (e.g. adopted)	
<input type="checkbox"/> 4. Clinical judgement: Criteria above not met, but suspicion remains. Describe: _____	
<i>If baseline/untreated LDL cholesterol is unknown, an imputed level can be derived using the CardioRiskCalculator:</i>	
https://www.circl.ubc.ca/cardiorisk-calculator.html	
<input type="checkbox"/> Carrier Testing / Known Family Mutation (Send copy of report if testing not completed at THP)	THP USE ONLY:
THP Lab Report #: _____	DATE: _____ TIME: _____
Name of Index Case in the Family: _____	Specimen Received: _____ Initials: _____
Relationship to this Patient: _____	Comments: _____
Variant Details:	RQ#: _____
Gene: _____	FOR THP LABEL ONLY
Variant Identified: _____	
Reference Genome NM#: _____	