

## Central and South Genomic Laboratory Hub

### Familial Hypercholesterolaemia (R134) Genetic Testing Request Form

All queries to: [ouh-tr.fhservice.oxfordgenetics@nhs.net](mailto:ouh-tr.fhservice.oxfordgenetics@nhs.net) Tel.: 01865 226022  
<https://www.ouh.nhs.uk/services/referrals/genetics/genetics-laboratories/default.aspx>

Attach patient label here

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number \_\_\_\_\_

Referring clinician:

Specialty:

Contact details (email and/or tel. no.):

#### Please complete this section as fully as possible for all cases

##### CVD History

ACS/MI **Yes / No** Age \_\_\_\_\_

CABG **Yes / No** Age \_\_\_\_\_

PTCA **Yes / No** Age \_\_\_\_\_

Angina **Yes / No** Age \_\_\_\_\_

Stroke/TIA **Yes / No** Age \_\_\_\_\_

PVD **Yes / No** Age \_\_\_\_\_

Carotid artery intima-media thickness \_\_\_\_\_

Other \_\_\_\_\_

**Ethnicity** \_\_\_\_\_

##### Clinical signs of FH

Corneal arcus **Yes / No**

Xanthelasma **Yes / No**

Tendon **Yes / No**

xanthoma **Yes / No**

##### Lipids

Currently on statins? **Yes / No**

Dose \_\_\_\_\_

Pre-treatment levels:

Total chol. \_\_\_\_\_

LDL-c \_\_\_\_\_

HDL-c \_\_\_\_\_

Triglycerides \_\_\_\_\_

**Referral criteria used and score obtained** (circle appropriate and note score)

Simon Broome / Welsh / Dutch / Other (specify):

**Family history of CVD, raised cholesterol etc.** **Yes / No**

Details

#### Testing required (please tick box)

**1) Diagnostic testing**

Includes:

- Full sequence analysis of *LDLR*, *APOB*, *PCSK9*, *LDLRAP1*, *APOE*
- Dosage analysis of *LDLR*
- Polygenic LDL-C-raising SNP score

Please note dosage analysis may be less reliable on DNA from buccal swabs. Blood is the preferred tissue type for this analysis.

**2) Familial variant testing**

Testing for a known familial variant for:

Cascade testing of a pathogenic variant (**affected / unaffected – please circle**)

**OR** Segregation analysis of a variant of uncertain significance (**affected patients only**)

Index case name \_\_\_\_\_

Index case DOB \_\_\_\_\_

Relationship to this patient \_\_\_\_\_

Please provide a copy of the relative's diagnostic genetic report or as much information as possible regarding where and when testing was carried out, including the variant if known.