Institute for Genetics of heart Diseases
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Genotyping Request Form
Cardiogenetics

Physician .....

Full Invoice Adress .....

Tel.: .....

Patient's name, adress and ID

Material: □ EDTA blood 1-20 ml
□ DNA, genomic

Sample date: .....

Informed consent enclosed □

Clinical diagnosis: ..... □ **Familial disease**

□ Long-QT syndrome	□ HCM, HOCM, ASH	□ ASD
□ Brugada syndrome	□ DCM + LBBB	□ M. Fallot/TOF
□ CPVT	□ DCM	□ Ebstein's disease
□ Short-QT syndrome	□ ARVC/D	□ Aortic aneurysma/TAAD
□ Ventricular fibrillation, IVF	□ LVNC/NCMP (non-compaction)	□ Marfan syndrome/MFSS
□ Atrial fibrillation	□ RCM	□ Arterial Tortuosity synd.
□ Progressive cardiac conduction	□ Fabry syndrome	
□ WPW syndrome	□ Barth syndrome	
□ Sinus node dysfunction	□ EFE (Endocardial fibroelastosis)	□ .....

Request to genotype:

□ **Step-wise gene analysis**

□ **Targeted exome sequencing** ("next-generation sequencing")

□ Specific gene(s) .....

□ Specific mutation(s) .....

I hereby confirm that ...
- genetic counselling has been offered to the patient,
- the patient has given informed consent for genotyping,
- my institution will cover complete costs for genotyping as indicated before (see quote request).

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