

Request form for genetic testing of Familial Hypercholesterolemia (FH Test)

Personal Data of the Examined Person (label):	Indicated by:
Name and surname: Insurance number: Date of birth: Insurance company: Self-payer Gender: Male Female Address: Diagnosis (ICD):	 (Name, specialty, establishment ID number, workplace, stamp, signature)
Primary Sample: peripheral blood (5 ml of non-clotting blood)	Other material:
<input type="checkbox"/> in K ₃ EDTA	isolated DNA from:
Date and time of collection:	Date and time of indication (if different from the date of collection):
Required examinations:	
<input type="checkbox"/> FH test (Hereditary Hypercholesterolemia, including Polygenic Risk Score and Statin Treatment Efficacy)	
Indications for examination:	
<p>Please fill out the request form and always attach the patient's clinical report.</p> <p>Positive Personal History (ICHHD, MI, Stroke, Clinical signs of hypercholesterolemia, PCOS)*</p> <p>Biochemical Findings (Elevated LDL cholesterol, triglycerides)</p> <p>Positive Family History (ICHHD, MI, Stroke, Clinical signs of hypercholesterolemia, PCOS)*</p> <p>*Abbreviations used: ICHHD - Ischemic Heart Disease, MI - Myocardial Infarction, Stroke - Cerebrovascular Accident (or Stroke), PCOS - Polycystic Ovary Syndrome</p> <p>Detected mutation in a level I relative in the gene:</p> <p>Name, surname, date of birth or birth number of relative:</p> <p>LDLR (Provide the name of the mutation): PCSK9 (Provide the name of the mutation):</p> <p>APOB (Provide the name of the mutation): Other gene (Provide the name of the gene and mutation):</p>	
Additional information:	
Informed Consent* – Examined Person:	
AGREES with examining the sample DISAGREES with storing the sample with using the sample for research purposes with storing the sample	
*) By submitting the request, the referring physician confirms that the patient or legal representative has signed the Informed Consent, which is either stored in the patient's documentation or attached to this request.	
Examination conducted by: GENNET, Ltd., GENNET Laboratories, Pekařská 635/6, 158 00 Prague 5 - Jinonice, Tel: 226 231 691	
Laboratory records:	
Date and time of sample/referral receipt:	Sample/referral received by:

