Please complete using BLACK ink - form will be scanned in lab

FAMILIAL HYPERCHOLESTEROLAEMIA GENE TEST REQUEST North of Scotland Regional Genetics Service



Medical Genetics, Polwarth Building, Foresterhill, Aberdeen AB25 2ZD

Molecular Genetics Lab Clinical Genetics (clinical enquiries	Email gram.molgen@nhs s only)	s.scot	Tel 01224 553893 Tel 01224 552120		
PATIENT DETAILS (all require					
First Name(s) CHI No.	Family Name Other Patient No.	DOB			
Address		Postcode			
Pedigree No.					
INDEX CASES- INDICATE HOW PATIENT MEETS SIMON BROOME CRITERIA:					
Total cholesterol >7.5 mmol, (>4 mmol/l in a child <	16 yrs)	6 years) or LDL	cholesterol >4.9 r	mmol/l	
 Tendon xanthomas in th Family history of myocar yrs (please show relation Family history of raised to 	e index individual or Tendon dial infarction: in 2 nd degree ships on pedigree below)	relative < 50 yr /I in an adult 1 st	s or in 1 st degree	relative < 60	
	oercholesterolaemia should b ubt, please seek advice from			ase,	
Patient Clinical Details	Pretreated Total cholesterol:		LDL cholesterol:		
FAMILY PEDIGREE Pleas the patient	se draw a pedigree below to o	clarify relationsh	ips of affected fan	nily members to	
Discussed with Clinical Genetics or Lipidologist? If yes please name contact:					
Pedigree reference no.: Name of relative with known mu Mutation details including lab. re	itation:				
If index mutation found in anoth Signed:	ner lab please supply a copy of the Date:	he report where po Consultant (Ple			
Signed.	Date.	Consultant (Ple	ase princ)		

Incomplete or illegible forms, or use of incorrect blood tubes, will cause delay or rejection of samples.

Page 1 of 1 Version 1.5 Issued 21/10/2020