



Institute of Immunology and Genetics, P.O. box 2565, 67613 Kaiserslautern | Pfaffplatz 10, 67655 Kaiserslautern

<b>Requesting physician:</b>	<b>Patient information:</b>
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**Cause of examination:**     diagnostic     predictive for familial mutation \_\_\_\_\_

(Check all that apply)

- Patient clinically affected
- Family members affected – who? \_\_\_\_\_
- No previous molecular genetic examinations existent
- The following previous molecular genetic examinations have been done: \_\_\_\_\_

**Request Form Cardiac Dysrhythmia / Cardiomyopathy / Congenital Heart Defects**

(Check all that apply)

Disorder	Gene(s)
<input type="checkbox"/> Arrhythmogenic right ventricular dysplasia (ARVD)	<i>DSC2, DSG2, DSP, JUP, PKP2, TGFB3, TMEM43</i>
<input type="checkbox"/> Brugada syndrome (BrS)	<i>CAGNA1C, CACNB2, GPD1L, KCNE3, SCN1B, SCN5A, TRPM4</i>
<input type="checkbox"/> Catecholaminergic polymorphic ventricular tachycardia (CPVT)	<i>CALM1, CASQ2, KCNJ2, RYR2</i>
<input type="checkbox"/> Dilated cardiomyopathy (DCM)	<i>ACTN2, DES, LMNA, MYBPC3, MYH7, PLN, RBM20, TAZ, TNNI3, TNNT2, TPM1</i>
<input type="checkbox"/> Hypertrophic cardiomyopathy (HCM)	<i>ACTC1, ACTN2, MYBPC3, MYH7, MYL3, MYLK2, PLN, TCAP, TNNC1, TNNI3, TNNT2, TPM1</i>
<input type="checkbox"/> Long QT syndrome (LQTS)	<i>CACNA1C, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, SCN4B, SCN5A</i>
<input type="checkbox"/> Non-compaction cardiomyopathy (NCC)	<i>ACTC1, CASQ2, HCN4, LDB3, MYBPC3, MYH7, PRDM16, TAZ, TNNT2, TPM1</i>
<input type="checkbox"/> Heart failure (HF), isolated	<i>ACTC1, CITED2, ELN, FOXH1, GATA4, GATA5, GATA6, MYH6, NKX2-5, TBX1, TBX20</i>
<input type="checkbox"/> Heart failure (HF), syndromic	<i>EVC, EVC2, JAG1, NOTCH2, SALL4, TBX3, TBX5</i>
<input type="checkbox"/> Heart failure (HF), heterotaxy associated	<i>ACVR2B, CFAP53, CFC1, CRELD1, DNAI1, GDF1, LEFTY2, NODAL, NPHP4, ZIC3</i>
Individual panel configuration upon request!	

<b>Date / Time of sampling:</b>	<b>Signature:</b>
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- Specimen requirements and logistics:**
- Patient Consent Form for Genetic Testing according to the German Law and Request Form
  - Billing information (Insurance-, Institutional- or Selfpay-Billing)
  - 5 ml EDTA blood collection tube labeled with patient name and date of birth