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Requesting physician:	**Patient information:**

Request Form Epilepsy

Cause of examination: ☐ diagnostic ☐ predictive for familial mutation _____

Clinical information:

Family history:

(Check all that apply)

☐ Patient clinically affected

☐ No previous molecular genetic examinations existent

☐ The following previous molecular genetic examinations have been done:

_____

Date / Time of sampling:	**Signature:**

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**

Patient name: _____ **DOB:** _____

☐ **Absence epilepsy**
SLC6A1, SLC2A1, EFHC1, CLCN2, GABRA5, GABRG2, GABRA1, GABRB3, CACNA1H

☐ **Benign epilepsy**
CHRNA2, PRRT2, SCN2A, SCN8A, KCNQ2, KCNQ3

☐ **Epileptic encephalopathy**
(Gene panel with 195 genes)*

☐ **Fever-related epilepsy**
ADGRV1, CPA6, GABRA1, GABRD, GABRG2, HCN1, PCDH19, PRRT2, SCN1A, SCN1B, SCN2A, SCN9A, SLC2A1, STX1B

☐ **Focal epilepsy**
CHRNA2, CHRNA4, CHRNB2, CNTNAP2, CPA6, CRH, DEPDC5, GRIN2A, KCNT1, LGI1, NPRL2, NPRL3, SCN1A, SCN3A, RELN

☐ **Childhood epilepsy**
ALDH7A1, CDKL5, FOLR1, KCNQ2, POLG, SCN1A, SLC2A1, STXBP1

☐ **Metabolic epilepsy**
ACY1, ADSL, ALDH7A1, AMT, ETFA, ETFB, ETFDH, FOLR1, GAMT, GCSH, GLDC, GLUL, GPHN, HADH, MOCS1, MOCS2, MTHFR, PC, PDHA1, PDHB, PGK1, PHGDH, PNPO, SLC6A8

☐ **Rolandic epilepsy**
DEPDC5, GABRG2, GRIN2A, KCNQ2, KCNQ3, PRITT2, SCN1A, SRPX2

☐ **Therapy relevant epilepsy**
ALDH7A1, KCNQ2, PLPBP, PNPO, PRRT2, SCN1A, SCN2A, SCN8A, SLC2A1

* A detailed gene list can be provided on request.