



Molecular Diagnostic Laboratory

Cardiovascular Genetics Center
Montreal Heart Institute
5000, Belanger East Street, C-1760
Montreal (Quebec) H1T 1C8
Phone : 514 376-3330 ext 3712
Fax : 514 593-2577

Last Name, First Name : _____
Date of Birth : _____
Record number : _____
RAMQ number (if available): _____
Last Name, First Name (mother) : _____
Last Name, First Name (father) : _____

Addressograph

A- Sample Information

Date : / /
Hour : h min

Requesting laboratory's reference number : _____

Patient's consent was obtained.
(Please provide a copy)

Sample type (check) :

Lavender tube (EDTA) – One 4 ml tube required

DNA Quantity required: 5 µg
Concentration : _____
(written on tube)

Other (specify) : _____

N.B. DNA samples extracted from Formalin-fixed, paraffin-embedded (FFPE) tissues cannot be accepted.

For laboratory use

B- Reason of the requisition (check any that apply) :

- Cardiovascular Genetics Analysis requisition (complete section D or E)
- DNA banking
- Addition to an existing requisition (complete section D or E)
- Deceased patient, date of death: _____
- Other : _____

Family number (if known) : _____

Patient ethnicity: _____

C- Familial diagnosis known or suspected (check) :

Cardiovascular condition

- Hypertrophic Cardiomyopathy (HCM)
- Dilated Cardiomyopathy (DCM)
- Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)
- Left ventricular Non-Compaction Cardiomyopathy (LVNC)
- Andersen-Tawil Syndrome (SA)
- Long QT Syndrome (LQTS)
- Short QT Syndrome (SQTS)
- Familial Dyslipidemias
- Familial Thoracic Aortic Aneurysm Dissection
- Ehlers-Danlos Syndrome
- Loeys-Dietz Syndrome
- Marfan Syndrome (MFS)
- Brugada Syndrome (BrS)
- Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)
- Unexplained Sudden Cardiac death
- Other : _____

D- Testing for specific variant (s) only (To complete) - One lavender tube (EDTA) 4 mL

(Family member)

Specific Variant(s) :	Gene(s)	Transcript	Nucleic Change	Protein Change
Price : \$ 250 (first 3 variants)	_____	_____	_____	_____
\$ 100 (each additional variant)	_____	_____	_____	_____
(price includes extraction, sequencing, analysis and personalized report)	_____	_____	_____	_____

Panel and Description [†] (price includes extraction, sequencing, analysis and personalized report) For specific profile(s), check the desired ones (prices unchanged). ½ price on the second «PAN» profile.	Genes																																																		
<input type="checkbox"/> PAN- Cardiomyopathies – 48 genes covering : Price : \$ 1,099 <input type="checkbox"/> Hypertrophic Cardiomyopathy <input type="checkbox"/> Dilated Cardiomyopathy <input type="checkbox"/> Left Ventricular Non-Compaction Cardiomyopathy <input type="checkbox"/> Arrhythmogenic Right Ventricular Cardiomyopathy <input type="checkbox"/> Amyloidosis	<table border="0"> <tr><td>ABCC9</td><td>DSC2</td><td>MYBPC3</td><td>PRKAG2</td><td>TMEM43</td></tr> <tr><td>ACTC1</td><td>DSG2</td><td>MYH6</td><td>PTPN11</td><td>TNNC1</td></tr> <tr><td>ACTN2</td><td>DSP</td><td>MYH7</td><td>RAF1</td><td>TNNI3</td></tr> <tr><td>ANKDR</td><td>EMD</td><td>MYL2</td><td>RBM20</td><td>TNNT2</td></tr> <tr><td>ANKRD1</td><td>GLA</td><td>MYL3</td><td>RYR2</td><td>TPM1</td></tr> <tr><td>BAG3</td><td>JPH2</td><td>MYOZ2</td><td>SCN5A</td><td>TTN</td></tr> <tr><td>CAV3</td><td>JUP</td><td>MYPN</td><td>SGCD</td><td>TTR</td></tr> <tr><td>CSRP3</td><td>LAMP2</td><td>NEXN</td><td>TAZ</td><td>VCL</td></tr> <tr><td>DES</td><td>LDB3</td><td>PKP2</td><td>TCAP</td><td></td></tr> <tr><td>DMD</td><td>LMNA</td><td>PLN</td><td>TGFB3</td><td></td></tr> </table>	ABCC9	DSC2	MYBPC3	PRKAG2	TMEM43	ACTC1	DSG2	MYH6	PTPN11	TNNC1	ACTN2	DSP	MYH7	RAF1	TNNI3	ANKDR	EMD	MYL2	RBM20	TNNT2	ANKRD1	GLA	MYL3	RYR2	TPM1	BAG3	JPH2	MYOZ2	SCN5A	TTN	CAV3	JUP	MYPN	SGCD	TTR	CSRP3	LAMP2	NEXN	TAZ	VCL	DES	LDB3	PKP2	TCAP		DMD	LMNA	PLN	TGFB3	
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F- Health Professional Information

Name : _____
 Address : _____

License number : _____
 Phone: _____
 Fax: _____
 Date : _____
 Signature : _____

G- Billing Information

Hospital Center : _____
 Address : _____

Contact person : _____
 Phone : _____
 Fax : _____

[†] A detailed appendix is available on our web site: <http://icm-mhi.org/en/genetic>