REQUISITION – Familial Hypercholesterolemia Investigation			
Hamilton Perional		Patient Information	
Hamilton Regional Laboratory Medicine Program		*Name (print):	
		Surname, First Name	
		*DOB (DD/MM/YYYY):	
Juravinski Hospital		*Sex : □M □F □Other	
Clinical Genetics Laboratory - Room H2-19A		*Health Card No.:	
711 Concession Street, Hamilton, ON L8V IC3		*Mandatory Information. Specimen cannot be processed without this data.	
Phone: (905) 521-2100 x76944 Fax: (905) 521-7913		Note: Specimen collection is NOT completed at this lab. Please	
Email: moleculargenetics@hhsc.ca		proceed to any community lab for	blood draw.
Reports To:	Additional Co	opies To:	
*Ordering Physician:	*Name:		Please see the HRLMP Laboratory Test Information Guide (LTIG) for complete sample requirements and information about test panel:
Clinic/Hospital:	Clinic/Hospital:		
*Phone: Fax:	*Phone:		
Email:	Fax:		
Physician Signature:	Email: http		https://ltig.hrlmp.ca/
SPECIMEN INFORMATION Ship at room temperature. Refrigerate at 4°C if overn	night or longer sto	orage is unavoidable. Avoid freezing and	exposure to excess heat.
Date drawn (DD/MM/YYYY):Location of collection:			
Peripheral blood in EDTA (4.0 mL)			
□ DNA (minimum 1 microgram). Source:			
TEST REQUESTED <i>Please note: failure to submit laboratory test results of</i>	or complete infor	mation may result in testing delays.	
🗆 Familial Hypercholesterolemia (FH) Panel - 8 genes: (LDLR, APOB, PCSK9, LDLRAP1, ABCG8, ABCG5, APOE, LIPA)			
Known familial variant (provide details below)			
Relationship to proband (<i>parent, sibling, etc.</i>):			
Copy of report (or specimen ID if testing completed at HRLMP) <i>or</i> gene, variant, reference genome transcript number (NM#):			
Is there an active pregnancy with a partner ca	arrier involved	? Yes 🗆 No 🗆	
ELIGIBILITY CRITERIA FOR FH PANEL TESTING			
Individual must meet one or more of the following:			
\Box 1. Confirmed FH disease-causing pathogenic/likely pathogenic variant in a close blood relative ¹			
\Box 2. High LDL-cholesterol level of ≥ 8.5 mmol/L at any age			
\Box 3. Untreated elevated LDL-cholesterol level (not due to secondary causes) ²			
Specify:mmol/L			
\Box Untreated LDL-cholesterol level \geq 5.0 mmol/L for age 40 years and over			
□ Untreated LDL-cholesterol level ≥ 4.5 mmol/L for age 18 to 39 years			
☐ Untreated LDL-cholesterol level ≥ 3.5 mmol/L for age under 18 years AND at least one of the following:			
□ Tendon xanthomas and/or corneal arcus in proband			
□ First-degree relative (FDR) with high LDL-cholesterol level (not due to secondary causes)			
□ Proband or FDR with early onset ASCVD (men under 55 years; women under 65 years)			
□ Limited family history information (e.g., adopted)			
4. Clinical judgement: Criteria above not met	t, but suspicion	remains. Describe:	
¹ Close relative typically refers to first- or second-degree blood relative ² If baseline/untreated LDL-cholesterol is unknown, an imputed level c			