

**NORTHERN GENETICS SERVICE**  
**FAMILIAL HYPERCHOLESTEROLAEMIA**  
**DNA ANALYSIS**  
**REQUEST FORM**

Completion of this form is required as a prerequisite to molecular analysis

Patient Surname: _____ Forename: _____		Consultant name and clinic address
Date of birth dd/mm/yyyy: .....	Male/ Female	Patient postcode:
NHS Number:		Sample Collection Date:...../...../..... dd/mm/yyyy
Family file number:	Ethnic origin:	Consent Obtained    Testing Y / N Storage Y / N

<b>PROBAND WITH UNKNOWN MUTATION</b>		Tick if required <input type="checkbox"/>			
<b>Dutch Lipid Clinics Network Score</b>					
<u>A. Family History</u>					
Enter Number of relatives at 50% risk: <input type="text"/>		Number of relatives at 25% risk			
I.	First degree relative with premature CHD and/or CVD*	Y / N	<table border="1"><tr><td>1</td><td></td></tr></table>	1	
1					
II.	First degree relative with LDL cholesterol >5.5	Y / N	<table border="1"><tr><td>1</td><td></td></tr></table>	1	
1					
III.	First degree relative with xanthoma or corneal arcus	Y / N	<table border="1"><tr><td>2</td><td></td></tr></table>	2	
2					
IV.	First degree relative age <18 with LDL cholesterol >3.9	Y / N	<table border="1"><tr><td>2</td><td></td></tr></table>	2	
2					
*Premature CHD and/or CVD in men <55 years, women <60 years					
<u>B. Personal History</u>					
I.	History of premature CHD (M <55, F <60)	Y / N	<table border="1"><tr><td>2</td><td></td></tr></table>	2	
2					
II.	History of premature PAD or CEVD	Y / N	<table border="1"><tr><td>1</td><td></td></tr></table>	1	
1					
<u>C. Physical Examination</u>					
I.	Tendon xanthomas (TX1 - 2pts; TX2 - 4pts; TX3 - 6pts)	Y / N	<table border="1"><tr><td>6</td><td></td></tr></table>	6	
6					
II.	Premature corneal arcus (<45 years)	Y / N	<table border="1"><tr><td>4</td><td></td></tr></table>	4	
4					
<u>D. Fasting LDL cholesterol with triglycerides &lt;2.3**</u>					
**LDL cholesterol for calculation of the score is highest without drug treatment.					
I.	LDL cholesterol >8.5	Y / N	<table border="1"><tr><td>8</td><td></td></tr></table>	8	
8					
II.	LDL cholesterol 6.5 – 8.4	Y / N	<table border="1"><tr><td>5</td><td></td></tr></table>	5	
5					
III.	LDL cholesterol 5.0 – 6.4	Y / N	<table border="1"><tr><td>3</td><td></td></tr></table>	3	
3					
IV.	LDL cholesterol 4.0 – 4.9	Y / N	<table border="1"><tr><td>1</td><td></td></tr></table>	1	
1					
Add HIGHEST score from each of domains A + B + C + D =		Total	<table border="1"><tr><td></td><td></td></tr></table>		
<b>Genetic studies can be ordered with a score of &gt;6. (index cases &gt;18 years only)</b>					

<b>Enter fasting lipid profile results used for diagnosis/DLCN Score</b>		Date:...../...../.....	
Total cholesterol (mmol/L)	<input type="text"/>	HDL-cholesterol (mmol/L)	<input type="text"/>
Triglycerides (fasting) (mmol/L)	<input type="text"/>	LDL-cholesterol (mmol/L)	<input type="text"/>
Lipoprotein(a) (mg/L <input type="checkbox"/> nmol/L <input type="checkbox"/>	<input type="text"/>	<b>Age at diagnosis (years)</b>	<input type="text"/>

ADDITIONAL INFORMATION	

Name: _____	Designation: _____
Signature: _____	Date: _____