

UKGTN Testing criteria

Name of Disease(s): BRUGADA SYNDROME 1 (601144)

Name of gene(s): sodium channel, voltage-gated, type V, alpha subunit; SCN5A (600163)

Patient name: _____ **Date of birth:** _____

Patient postcode: _____ **NHS number:** _____

Name of referrer: _____

Title/Position: _____

Lab ID: _____

Referrals will only be accepted from one of the following:

Referrer	Tick if this refers to you.
Consultant Clinical Geneticists	<input type="checkbox"/>
Consultant electrophysiologists/cardiologist in liaison with clinical genetics department	<input type="checkbox"/>
Coroners	<input type="checkbox"/>

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:

Criteria	Tick if this patient meets criteria
Index case with ECG consistent with Brugada syndrome AND	<input type="checkbox"/>
A family history consistent with autosomal dominant inheritance OR	<input type="checkbox"/>
A personal history of syncope without warning and/or aborted cardiac arrest.	<input type="checkbox"/>
Family members where a mutation has been identified in family member	<input type="checkbox"/>

If the sample does not fulfil the clinical criteria or you are not one of the specified types of referrer and you still feel that testing should be performed please contact the laboratory to discuss testing of the sample.