



Patient Information:

Name (Last, First): _____

Birth date (YYYY-MM-DD): _____ / _____ / _____

Name of Referring Physician: _____

Physician's Specialty: _____

PATIENT STAMP OR LABEL HERE

Familial Hypercholesterolemia Panel – Testing Eligibility Criteria Form

Minimum criteria required for testing to be appropriate are listed below. Please complete and provide any relevant familial and clinical information. If the patient does not fulfil the criteria and you still feel that testing should be performed, please contact the laboratory or <https://www.fhcanada.net> to discuss testing of the sample.

Confirm diagnosis (Indications and minimum criteria required for testing):

Untreated elevated LDL-cholesterol levels (not due to secondary causes).^{1,2}

Untreated LDL-cholesterol levels \geq 5.0 mmol/L for age 40 yr and over – Specify level: _____ mmol/L

Untreated LDL-cholesterol levels \geq 4.5 mmol/L for age between 18 yr and 39 yr – Specify level: _____ mmol/L

Untreated LDL-cholesterol levels \geq 4.0 mmol/L for age under 18 yr – Specify level: _____ mmol/L

AND at least one of the following:

Major Criteria (definite FH)

- Tendon xanthomas in proband.
- Known FH-causing DNA mutation in a first-degree relative.
- High LDL-cholesterol in proband (\geq 8.5 mmol/L).

Minor Criteria (probable FH)

- First-degree relative with high LDL-cholesterol (not due to secondary causes).¹
- Proband or first-degree relative with early onset atherosclerotic cardiovascular disease (men under 55 yr; women under 65 yr).

¹Secondary causes of high LDL-cholesterol should be ruled out (severe or untreated hypothyroidism, nephrotic syndrome, hepatic disease [primary biliary cirrhosis], or medication especially antiretroviral agents).

²If baseline LDL-cholesterol is unknown, an imputed level can be derived using the CardioRisk Calculator (<http://www.circl.ubc.ca/cardiorisk-calculator.html>).