Familial Chylomicronaemia (FCS) genetic testing request form

Attach patient label here:	Clinician details:
Name:	Name:
Date of Birth	Hospital:
NHS number:	Email:

Please complete this section as fully as possible for all cases:

DEMOGRAPHICS

Ethnicity…….

BMI Kg/M^2…….

LIPIDS

Full lipid profile

(Pre-treatment) in mmol/L

Total Cholesterol……..

Triglycerides……..

HDL-Cholesterol……...

LDL-Cholesterol……

Non-HDL-Cholesterol……

Peak triglyceride concentration (mmol/L)……..

Lowest triglyceride concentration (mmol/L)……..

Apolipoprotein B (pre–treatment, if known) in g/L……....

Evidence of chylomicron layer **YES/NO**

Frederickson classification on Electrophoresis (if known)……..

PANCREATITIS

Any history of pancreatitis? **YES/NO**

If yes, how many episodes?……

Any family history of hypertriglyceridaemia or pancreatitis? Details (if known) **YES/N**

Please use the following FCS scoring tool to mark which of the following points apply and generate a score for your patient

Fasting TG >10 mmol/L for 3 consecutive blood analysis **(+5)** ☐

- Fasting TGs >20 mmol/L at least once **(+1)** ☐

Previous TG <2 mmol/L at least once **(-5)** ☐

No secondary factor (except pregnancy and ethinyl oestradiol) **(+2)** ☐

History of pancreatitis **(+1)** ☐

Unexplained recurrent abdominal pain **(+1)** ☐

No family history of familial combined hyperlipidaemia **(+1)** ☐

No response (TG decrease <20%) to hypolipidaemic treatment **(+1)** ☐

Onset of symptoms at age: <40 years **(+1)**☐

<20 years **(+2)** ☐

<10 years **(+3)** ☐ **Total score:**

This information will be reviewed as a pilot study to evaluate the utility of the FCS clinical scoring tool as a triage for genetic testing. Genetic testing is currently appropriate for patients scoring >8 or above. Moulin P et al Atherosclerosis 2018;275:265-272