

**Labcorp
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Clinical Questionnaire for Familial Cardiomyopathy and Arrhythmia

Prior authorization questions, call **866-248-1265** / Fax **336-436-1007** / Test questions, call **800-345-4363**

Email: **PriorAuthEscalations@Labcorp.com**

Name and title of person completing this form _____

Test Information (this is not an order for a test)

Test Options	Test No.	Test Options	Test No.
<input type="radio"/> Familial Cardiomyopathy Panel	482207	<input type="radio"/> Other	
<input type="radio"/> Familial Arrhythmia Panel	482225		

Patient Demographics

Patient's name _____ / Date of birth _____ / Sex: Male Female

Patient/guardian phone no. _____ / Patient/guardian email _____

Patient History

- Select at least one:** Genetic counseling performed by board-certified genetic counselor or clinical geneticist. If marked, attach genetic counseling report.
 Pretest counseling performed by ordering provider or designee in accordance with health plan policies. Post-test counseling will be available

Required

Are the test results expected to directly impact the diagnosis and treatment options for the patient? Yes No

Has the patient had previous genetic testing for the condition being tested? Yes No

Select all that apply:

Cardiomyopathy

- Patient has an overlapping cardiomyopathy phenotype
 If yes, please indicate: Dilated cardiomyopathy (DCM), Hypertrophic Cardiomyopathy (HCM) or Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) _____
- Non-genetic causes have been ruled out as potential causes of cardiomyopathy
- Unexplained left ventricular hypertrophy
- Echocardiogram or cardiac MRI findings of myocardial wall thickening
- Echocardiogram or cardiac MRI findings of left ventricular enlargement and systolic dysfunction

Arrhythmia

- Patient has an overlapping arrhythmia phenotype
 If yes, please indicate: Long Qt Syndrome, arrhythmogenic right ventricular cardiomyopathy, Brugada Syndrome or Catecholaminergic Polymorphic Ventricular Tachycardia _____
- Non-genetic causes have been ruled out as potential causes of arrhythmia
- Clinical tests were non-diagnostic (eg. EKG, cardiac stress tests, echocardiogram, intravenous pharmacologic provocation testing)
- Electrocardiogram, MRI or angiogram findings – please specify below _____
- Please indicate ECG pattern: Type 1, Type 2, Type 3 _____
- Documented ventricular fibrillation
- Syncope or nocturnal agonal respiration
- Cardiac arrest
- Syncope or palpitations triggered by acute emotional stress or exercise
- Absence of structural cardiac abnormalities

Family History (attach additional pages if needed)

- Sudden unexplained cardiac death or sudden unexplained death at age 40 or less
- Unspecified cardiomyopathy or cardiomegaly findings at autopsy
- Clinical diagnosis of HCM, DCM, ARVC or LQTS
- Unknown or limited family history? Please explain (eg, adopted)

Genetic Counseling — Ordering provider understands by signing below:

If genetic counseling by a board-certified genetic counselor is required by the health plan prior to laboratory testing but has not occurred as indicated in the Patient History section above, I understand that a referral may be made by the laboratory to a board-certified genetic counselor required or authorized by the health plan.

Such referral is solely related to laboratory testing and does not relieve me of any obligation to seek authorization for my services.

Account No.: _____

Provider Name (print): _____ NPI: _____

Provider Phone No.: _____ Fax No.: _____

Ordering Provider Signature / **Date**

Patient understands by signing below:

Labcorp may use information obtained on this form and other information provided by me and/or my ordering provider or their designee to initiate prior authorization with my health plan as required. I understand a prior authorization approval from my health plan does not guarantee full payment. It is my responsibility to contact my health plan regarding concerns over my coverage and benefits.

Patient Signature

Date

*Relationships to consider include parents, siblings, offspring (1st degree), half-brothers/sisters, aunts/uncles, grandparents, grandchildren, nieces/nephews (2nd degree); first cousins, great-aunts/uncles, great-grandchildren, great grandparents (3rd degree).

Visit labcorp.com for detailed information on genes included in each panel.



TIN: 13-3757370 / NPI: 1750368700

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