Health Education England Genes ADVISED TESTING local standard practice) (according to **Genomics Education Programme** 100,000 Genomes Project **Eligibility wheels** Clinical diagnosis diagnostic exercise or drugged or dr A tool for clinicians Inclusion normal coronary arteries with Criteria Rare Diseases: **Cardiology - Cardiac Arrhythmia** Death ≤40 Vrs (inc SIDS) '~rmal post morten A1,2 MD Catecholamine Oliv Morohine Oliv (1) Normal post more "...s) Condition Recruitment should NOT Normal Policy No pre-existing Call No. 10 Pre-existence Call No. 10 Pre-existence Call No. 10 Pre-existence Call No. 10 Pre-existenc Q7/1/LQTS risk score 23.5 OR me 1/2 2500ms OR QTC 480 with unexplained syncope ADVISED TESTING: KCNQ1, KCNH2, SCN5A include unaffected Ventricular relatives except in severe Tachycardia / syndromic cases. Unexplain_{SQ} (CPV) Supplier of the control of the contr Multiple affected relatives are preferable to in the Sunos Syndrome (LQTS) singleton cases. Long QT (2)· Family history of >1:SADS OR BrS Syndrome Cardiac arrest Shorto diagnostic ECG drug induced tick with the drug induced tick wit Syndrome VF or polymorphic VT (sols) Arrhythmic syncope . /diopathic Nocturnal agonal or SADS OR SULVINO Ventricular OTC 23 OR DED / respiration *fibrillation* ADUSED LOSING. Unexplained VF cardiac arrest AND Age 1 – 18 yrs (TRIO) OR

Age 1 – 45 yrs with family history of ADVISED TESTING IN AND no known arrhythmogenic disorder Professor Julian Barwell Dr Corrina Powell Helen Harrison University Hospitals of Leicester NHS

Caring at its best