



CIDG recommend collection and storage of blood/tissue samples suitable for DNA extraction and investigation of the family in all cases of suspected or known cardiac inherited disease; including: HCM, DCM, ARVC, Marfans, LQTS, BRS, CPVT and in all cases of sudden unexplained death. Please contact us with any queries.

Send Referral form to: CIDG Administrator
 Cardiac Inherited Disease Registry
 Cardiology Department: Cardiac Services,
 Auckland City Hospital; Level 3, Building 32
 Private Bag 92189, Auckland 1030
 Phone: +64 9 3074949 ext. 23634;
 Email: cidgadmin@adhb.govt.nz

Referral to Cardiac Inherited Diseases Group (CIDG) in Sudden Death

Form SD2

Post Mortem Date: Post Mortem No:

Section A: Decedent Details		PM Findings		SIDS Risk Factors
Surname:		First names:		Co-sleeping (bed sharing) Thermal Smoking Not lying on back H/o of prematurity None Other (specify)
Gender: Male Female	NHI (if known):		Myocarditis Premature Coronary Disease other coronary abnormality Marfans Other	
Date of Birth:	Date of Death:			
Ethnicity:	Age:			
Type of Presentation (<i>tick all that apply</i>)				
MVA	Startle/fright or strong emotion	No abnormality:		
Epilepsy/Seizure	Witnessed collapse	SIDS (<13 months)		
Drowning/ water related	Infection/Fever	SUDY (>12 months)		
Unwitnessed – Nocturnal death	Substance abuse	Suspected/Possible Inherited Heart Disease:		
Unwitnessed – Daytime death	Drugs/toxicity	HCM		
Exercise	Other diseases (specify).....	ARVC		
		DCM		

Section B: Samples and Genetic Screening – Please specify the referral type below, tick those boxes that apply to case referred.

- Request CIDG review of case and advise (Please provide copy of Pol 47 & PM report or preliminary PM report for review)
- Awaiting further PM results (please continue to store the sample)
- Long term storage – no testing required (sample should be saved in case of need for future testing or to aid family diagnosis (this will always apply to cases where a diagnosis has been made at PM i.e. premature CAD, Marfans, cardiomyopathies and where there is a familial history of young sudden death and or a known cardiac inherited disease such as Long QT, Brugada in family)
- Test the DNA & investigate family for inherited heart disease * (Genetic testing in a decedent is usually associated with concurrent family screening. If you do not wish us to contact the family please let us know this information (see pathologists comments on page two of this form) (Please provide copy of Pol 47 & PM report or preliminary PM report for review)
- Please remove this patient from the CIDG list. (The final diagnosis is unlikely to be a cardiac inherited condition. The sample is to remain under coronial jurisdiction and they will advise the fate of the sample.) Pathologist Initial: _____

Final diagnosis in cases not for CIDG: (for statistical purposes)

NB: Please attach Post Mortem (final or provisional) and Pol 47 reports so that each case can be reviewed thoroughly

Sudden Cardiac Death (SCD) research – all cause SCD including Coronary Artery disease, coronary occlusion causing MI, Myocarditis, Ao aneurysm, Congenital heart defects, cardiac tamponade, dilated cardiomyopathies, hypertrophic cardiomyopathies, restrictive cardiomyopathies, etc.

6) CIDG may contact the family, take the family history and offer research funded testing in SCD genes (families will be asked to provide consent to store and test DNA and results will be formally reported to the pathologist) and clinical family screening will be provided where necessary i.e. familial dyslipidaemia etc.

Section C: Family Involvement

Yes	- By whom? -	Coroner	Pathologist
No	- Reason:		

(CIDG requires that the family NOK is informed of our involvement in the case)

Next of Kin (NOK) (preferably blood relative) Name: Relationship:

Address: Phone: Email:

..... Phone:

Coroner: Pathologist:

Signed (Pathologist): Date:

Pathologist Contact phone number: Email:

Pathologist's comments:

