



BC INHERITED ARRHYTHMIA PROGRAM

St. Paul's Hospital (Vancouver)
Ph: 604-682-2344 Ext. 66766

BC Children's Hospital
Ph: 604-875-2295

Royal Jubilee Hospital (Victoria) &
Northern Outreach Clinic (Hazelton)
Ph: 250-727-4461

**REQUEST FOR NEONATAL ECG REVIEW
for Newborns at Risk for Long QT syndrome (LQTS)**

To request pediatric cardiology review of an infant's electrocardiogram (ECG) due to a parental history of LQTS, healthcare providers should complete this form and:

1. Fax to Dr. S. Sanatani, pediatric electrophysiologist at BC Children's Hospital. **Fax: 604-875-3463**
2. **At the same time as fax, please send an e-mail** with subject line: 'Incoming Neonatal ECG Review' to both Connie Ens, (Cardiology Nurse Clinician (cens@cw.bc.ca) and Kayla Yard (Clinical Secretary (kayla.yard@cw.bc.ca) to alert to incoming fax.

A response will be faxed or phoned to you at the numbers you provide below.

Name of Infant: _____ DOB: _____

PHN: _____

As per BCIAP 'Pregnancy and Neonatal Guide for LQTS Types 1 and 2', this ECG was performed at (select one):

Day 1 of life OR

3 weeks of age

Parental Name(s): _____

Details of parental LQTS diagnosis, any noted concerns for infant, other pertinent information:
Attach parental LQTS genetic test results, if available.

Requested by:

Name of Healthcare Provider: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____