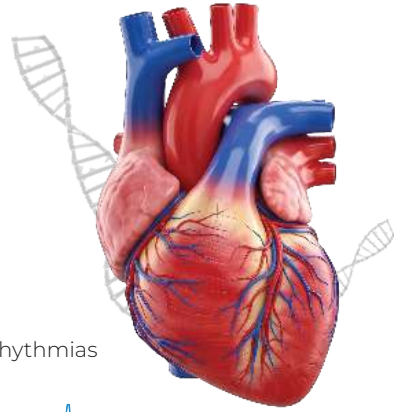




CARDIOGENETICS

INHERITED

HEART DISEASE



The Heart Gives No Warning.
The Genes Do.

A molecular diagnosis for cardiomyopathies and inherited arrhythmias before sudden cardiac death writes the first chapter.



Why physicians order it

In inherited cardiac disease, sudden cardiac death is frequently the presenting sign no prior chest pain, no gradual decline, no second chance. A genetic diagnosis moves the timeline forward: it identifies the at-risk heart before the arrhythmia or the arrest, and it converts a frightening family history into a concrete surveillance and treatment plan.



It stratifies sudden-death risk

Genotypes such as LMNA carry a markedly higher arrhythmic burden and justify earlier, more aggressive intervention including ICD consideration.



It guides therapy

Decisions on beta-blockade, activity restriction, device timing, and drug avoidance follow directly from the variant identified.



It turns history into a plan

A defined pathogenic variant replaces vague risk with concrete surveillance intervals and clear thresholds for action.



It is a family diagnosis

One positive result enables single-site, low-cost cascade testing across every first-degree relative.

The genes behind the beat

The panel reads both the structural and the electrical drivers of inherited heart disease, chosen to mirror the phenotypes seen in cardiology and electrophysiology clinics:

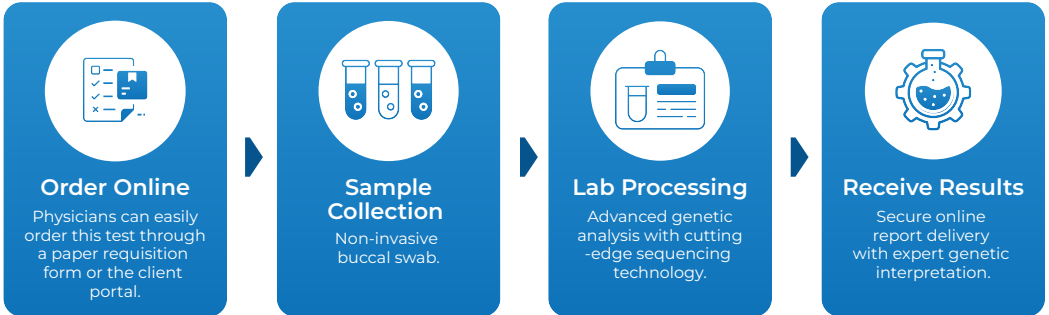
GENE(S)	ASSOCIATED CONDITION
MYH7 / MYBPC3	Hypertrophic and dilated cardiomyopathy the most common sarcomeric contributors.
TNNT2 / TNNI3 / TPM1	Thin-filament cardiomyopathies with variable, sometimes malignant, expression.
LMNA	Dilated cardiomyopathy with conduction disease and high ventricular-arrhythmia risk.
KCNQ1 / KCNH2 / SCN5A	Long QT, Brugada, and related inherited channelopathies.
PKP2 / DSP	Arrhythmogenic right ventricular cardiomyopathy (ARVC).

Turnaround Time



Results in 7 business days
Fast, reliable results

How the Test Works?



Red flags that warrant testing

- ✓ Personal or familial cardiomyopathy, or an inherited arrhythmia syndrome.
- ✓ Sudden, unexplained, or premature death in the family — especially before age 50.
- ✓ Unexplained syncope, resuscitated arrest, or a suspicious ECG or echocardiogram.
- ✓ A first-degree relative carrying a known pathogenic cardiac variant.
- ✓ An unexplained structural or electrical finding in a competitive athlete.

