

# Participant Family Profile (form B)

Please complete the survey below.

Thank you!

## MOTHER

**NOTE: Consent must be obtained from each parent for who you enter this data. However, if the parent is deceased, the following data may be entered regardless of consent status.**

**You have completed ... (of Form B - Participant Family Profile)**

**5%**

B1.1 - Is the mother of the participant alive?  Yes  No  Unknown

B1.1.1 - If alive, do you have the Informed Consent Form(ICF) signed by the participant's mother?

Yes  
 No

B1.1.1.1 - Please upload the Informed Consent Form (ICF).

B1.2 - Mother's last name \_\_\_\_\_

B1.3 - Mother's first name \_\_\_\_\_

B1.4 - Mother's middle name \_\_\_\_\_

B1.5 - Mother's maiden name \_\_\_\_\_

B1.6 - Mother's DOB \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

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B1.7 - Mother's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

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B1.7.1 - If other, please specify:

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B1.8 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

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B1.8.1 - If other, please specify:

\_\_\_\_\_

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B1.9 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

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B1.9.1 - If other, please specify:

\_\_\_\_\_

**FATHER**

**NOTE: Consent must be obtained from each parent for who you enter this data. However, if the parent is deceased, the following data may be entered regardless of consent status.**

**You have completed ... (of Form B - Participant Family Profile)**

**10%**

B2.1 - Is the father of the participant alive?  Yes  No  Unknown

B2.1.1 - If alive, do you have the Informed Consent Form (ICF) signed by the participant's father?

- Yes  
 No

B2.1.2 - Please upload the Informed Consent Form (ICF).

B2.2 - Father's last name

\_\_\_\_\_

B2.3 - Father's first name

\_\_\_\_\_

B2.4 - Father's middle name

\_\_\_\_\_

B2.5 - Father's DOB

\_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B2.6 - Father's known medical problems:  
(check all applicable)

- fatal MH  
 survived fulminant MH event  
 possible MH (or possible MH event)  
 MH family history (use only for those relatives with CHCT results)  
 perioperative death - not thought to be MH  
 perioperative death - etiology undetermined  
 S.I.D.S. or cot death  
 Sudden death - unknown cause, age 1.5 to 45 yrs  
 heat stroke  
 neuroleptic malignant syndrome  
 myopathy  
 idiopathic creatine kinase elevation  
 CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)  
 muscle pain, weakness or fever with exercise  
 episodic dark urine and muscle pain  
 diabetes  
 none of the above  
 other (specify)  
 unknown

B2.6.1 - If other, please specify:

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B2.7 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other

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B2.7.1 - If other, please specify:

\_\_\_\_\_

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B2.8 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

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B2.8.1 - If other, please specify:

\_\_\_\_\_

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B2.9 - Would you like to add another relative?

- Yes    No

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Family Comment:

\_\_\_\_\_  
(please enter any comments about family members here.)

**FIRST RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**20%**

B3.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B3.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B3.2 - Relationship to the participant?  
 mother  
 father  
 child  
 brother/sister  
 grandchild  
 half-sibling  
 niece/nephew  
 grandparent (mother side)  
 aunt/uncle (mother side)  
 first cousin (mother side)  
 second cousin (mother side)  
 other (mother side)  
 grandparent (father side)  
 aunt/uncle (father side)  
 first cousin (father side)  
 second cousin (father side)  
 other (father side)  
 relative by marriage  
 other blood relative

B3.3 - The relative's last name: \_\_\_\_\_

B3.4 - The relative's first name: \_\_\_\_\_

B3.5 - The relative's middle name: \_\_\_\_\_

B3.6 - The relative's sex:  Male  Female

B3.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B3.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B3.8.1 - If other, please specify:

\_\_\_\_\_

---

B3.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B3.9.1 - If other, please specify:

\_\_\_\_\_

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B3.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

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B3.10.1 - If other, please specify:

\_\_\_\_\_

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B3.11 - Would you like to add another relative?

- Yes
- No

**SECOND RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**30%**

B4.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B4.1.1 - Please upload Informed Consent Form (ICF) signed by this relative.

B4.2 - Relationship to the participant?

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B4.3 - The relative's last name: \_\_\_\_\_

B4.4 - The relative's first name: \_\_\_\_\_

B4.5 - The relative's middle name: \_\_\_\_\_

B4.6 - The relative's sex  Male  Female

B4.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

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B4.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B4.8.1 - If other, please specify:

\_\_\_\_\_

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B4.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B4.9.1 - If other, please specify:

\_\_\_\_\_

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B4.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B4.10.1 - If other, please specify:

\_\_\_\_\_

---

B4.11 - Would you like to add another relative?

- Yes
- No



**THIRD RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**40%**

B5.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B5.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B5.2 - Relationship to the participant?  
 mother  
 father  
 child  
 brother/sister  
 grandchild  
 half-sibling  
 niece/nephew  
 grandparent (mother side)  
 aunt/uncle (mother side)  
 first cousin (mother side)  
 second cousin (mother side)  
 other (mother side)  
 grandparent (father side)  
 aunt/uncle (father side)  
 first cousin (father side)  
 second cousin (father side)  
 other (father side)  
 relative by marriage  
 other blood relative

B5.3 - The relative's last name: \_\_\_\_\_

B5.4 - The relative's first name: \_\_\_\_\_

B5.5 - The relative's middle name: \_\_\_\_\_

B5.6 - The relative's sex:  Male  Female

B5.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

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B5.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B5.8.1 - If other, please specify:

\_\_\_\_\_

---

B5.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B5.9.1 - If other, please specify:

\_\_\_\_\_

---

B5.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

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B5.10.1 - If other, please specify:

\_\_\_\_\_

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B5.11 - Would you like to add another relative?

- Yes
- No

**FOURTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**50%**

B6.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B6.1.1 - Please upload the Informed Consent Form signed by this relative.

B6.2 - Relationship to the participant?

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B6.3 - The relative's last name:

\_\_\_\_\_

B6.4 - The relative's first name:

\_\_\_\_\_

B6.5 - The relative's middle name:

\_\_\_\_\_

B6.6 - The relative's sex:  Male  Female

B6.7 - The relative's DOB:

\_\_\_\_\_ (for example, if Dec 25th, 2017, please type in 2017-12-25)

B6.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B6.8.1 - If other, please specify:

\_\_\_\_\_

B6.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B6.9.1 - If other, please specify:

\_\_\_\_\_

B6.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B6.10.1 - If other, please specify:

\_\_\_\_\_

B6.11 - Would you like to add another relative?

- Yes
- No

**FIFTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**60%**

B7.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B7.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B7.2 - Relationship to the participant?

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B7.3 - The relative's last name:

\_\_\_\_\_

B7.4 - The relative's first name:

\_\_\_\_\_

B7.5 - The relative's middle name:

\_\_\_\_\_

B7.6 - The relative's sex:

Male  
 Female

B7.7 - The relative's DOB:

\_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B7.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B7.8.1 - If other, please specify:

\_\_\_\_\_

B7.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B7.9.1 - If other, please specify:

\_\_\_\_\_

B7.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B7.10.1 - If other, please specify:

\_\_\_\_\_

B7.11 - Do you have other relative to add?

- Yes
- No

**SIXTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**70%**

B8.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B8.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B8.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B8.3 - The relative's last name:

\_\_\_\_\_

B8.4 - The relative's first name:

\_\_\_\_\_

B8.5 - The relative's middle name:

\_\_\_\_\_

B8.6 - The relative's sex

Male  Female

B8.7 - The relative's DOB:

\_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B8.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B8.8.1 - If other, please specify:

\_\_\_\_\_

B8.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B8.9.1 - If other, please specify:

\_\_\_\_\_

B8.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B8.10.1 - If other, please specify:

\_\_\_\_\_

B7.11 - Do you have other relative to add?

- Yes
- No



**SEVENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**80%**

B9.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B9.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B9.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B9.3 - The relative's last name:

\_\_\_\_\_

B9.4 - The relative's first name:

\_\_\_\_\_

B9.5 - The relative's middle name:

\_\_\_\_\_

B9.6 - The relative's sex

Male  Female

B9.7 - The relative's DOB:

\_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B9.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B9.8.1 - If other, please specify:

\_\_\_\_\_

B9.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B9.9.1 - If other, please specify:

\_\_\_\_\_

B9.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B9.10.1 - If other, please specify:

\_\_\_\_\_

B9.11 - Do you have other relative to add?

- Yes
- No

**EIGHTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B10.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B10.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B10.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B10.3 - The relative's last name: \_\_\_\_\_

B10.4 - The relative's first name: \_\_\_\_\_

B10.5 - The relative's middle name: \_\_\_\_\_

B10.6 - The relative's sex  Male  Female

B10.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B10.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B10.8.1 - If other, please specify:

\_\_\_\_\_

B10.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B10.9.1 - If other, please specify:

\_\_\_\_\_

B10.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B10.10.1 - If other, please specify:

\_\_\_\_\_

B10.11 - Do you have other relative to add?

- Yes
- No

**NINTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B11.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B11.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B11.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B11.3 - The relative's last name: \_\_\_\_\_

B11.4 - The relative's first name: \_\_\_\_\_

B11.5 - The relative's middle name: \_\_\_\_\_

B11.6 - The relative's sex  Male  Female

B11.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B11.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B11.8.1 - If other, please specify:

\_\_\_\_\_

---

B11.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B11.9.1 - If other, please specify:

\_\_\_\_\_

---

B11.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B11.10.1 - If other, please specify:

\_\_\_\_\_

---

B11.11 - Do you have other relative to add?

- Yes
- No

**TENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B12.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B12.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B12.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B12.3 - The relative's last name: \_\_\_\_\_

B12.4 - The relative's first name: \_\_\_\_\_

B12.5 - The relative's middle name: \_\_\_\_\_

B12.6 - The relative's sex  Male  Female

B12.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B12.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B12.8.1 - If other, please specify:

\_\_\_\_\_

B12.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B12.9.1 - If other, please specify:

\_\_\_\_\_

B12.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B12.10.1 - If other, please specify:

\_\_\_\_\_

B12.11 - Do you have other relative to add?

- Yes
- No



**ELEVENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B13.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B13.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B13.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B13.3 - The relative's last name: \_\_\_\_\_

B13.4 - The relative's first name: \_\_\_\_\_

B13.5 - The relative's middle name: \_\_\_\_\_

B13.6 - The relative's sex  Male  Female

B13.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B13.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B13.8.1 - If other, please specify:

\_\_\_\_\_

---

B13.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B13.9.1 - If other, please specify:

\_\_\_\_\_

---

B13.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B13.10.1 - If other, please specify:

\_\_\_\_\_

---

B13.11 - Do you have other relative to add?

- Yes
- No

**TWELVTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B14.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B14.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B14.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B14.3 - The relative's last name: \_\_\_\_\_

B14.4 - The relative's first name: \_\_\_\_\_

B14.5 - The relative's middle name: \_\_\_\_\_

B14.6 - The relative's sex  Male  Female

B14.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B14.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B14.8.1 - If other, please specify:

\_\_\_\_\_

---

B14.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B14.9.1 - If other, please specify:

\_\_\_\_\_

---

B14.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B14.10.1 - If other, please specify:

\_\_\_\_\_

---

B14.11 - Do you have other relative to add?

- Yes
- No

**THIRTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B15.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B15.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B15.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B15.3 - The relative's last name: \_\_\_\_\_

B15.4 - The relative's first name: \_\_\_\_\_

B15.5 - The relative's middle name: \_\_\_\_\_

B15.6 - The relative's sex  Male  Female

B15.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B15.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B15.8.1 - If other, please specify:

\_\_\_\_\_

B15.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B15.9.1 - If other, please specify:

\_\_\_\_\_

B15.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B15.10.1 - If other, please specify:

\_\_\_\_\_

B15.11 - Do you have other relative to add?

- Yes
- No

**FOURTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B16.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B16.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B16.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B16.3 - The relative's last name: \_\_\_\_\_

B16.4 - The relative's first name: \_\_\_\_\_

B16.5 - The relative's middle name: \_\_\_\_\_

B16.6 - The relative's sex  Male  Female

B16.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B16.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B16.8.1 - If other, please specify:

\_\_\_\_\_

---

B16.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B16.9.1 - If other, please specify:

\_\_\_\_\_

---

B16.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B16.10.1 - If other, please specify:

\_\_\_\_\_

---

B16.11 - Do you have other relative to add?

- Yes
- No



**FIFTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B17.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B17.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B17.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B17.3 - The relative's last name: \_\_\_\_\_

B17.4 - The relative's first name: \_\_\_\_\_

B17.5 - The relative's middle name: \_\_\_\_\_

B17.6 - The relative's sex  Male  Female

B17.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B17.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B17.8.1 - If other, please specify:

\_\_\_\_\_

B17.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B17.9.1 - If other, please specify:

\_\_\_\_\_

B17.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B17.10.1 - If other, please specify:

\_\_\_\_\_

B17.11 - Do you have other relative to add?

- Yes
- No

**SIXTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B18.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B18.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B18.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B18.3 - The relative's last name: \_\_\_\_\_

B18.4 - The relative's first name: \_\_\_\_\_

B18.5 - The relative's middle name: \_\_\_\_\_

B18.6 - The relative's sex  Male  Female

B18.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

B18.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

B18.8.1 - If other, please specify:

\_\_\_\_\_

B18.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

B18.9.1 - If other, please specify:

\_\_\_\_\_

B18.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

B18.10.1 - If other, please specify:

\_\_\_\_\_

B18.11 - Do you have other relative to add?

- Yes
- No

**SEVENTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B19.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B19.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B19.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B19.3 - The relative's last name: \_\_\_\_\_

B19.4 - The relative's first name: \_\_\_\_\_

B19.5 - The relative's middle name: \_\_\_\_\_

B19.6 - The relative's sex  Male  Female

B19.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B19.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B19.8.1 - If other, please specify:

\_\_\_\_\_

---

B19.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B19.9.1 - If other, please specify:

\_\_\_\_\_

---

B19.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B19.10.1 - If other, please specify:

\_\_\_\_\_

---

B19.11 - Do you have other relative to add?

- Yes
- No

**EIGHTEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B20.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B20.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B20.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B20.3 - The relative's last name: \_\_\_\_\_

B20.4 - The relative's first name: \_\_\_\_\_

B20.5 - The relative's middle name: \_\_\_\_\_

B20.6 - The relative's sex  Male  Female

B20.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B20.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B20.8.1 - If other, please specify:

\_\_\_\_\_

---

B20.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B20.9.1 - If other, please specify:

\_\_\_\_\_

---

B20.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B20.10.1 - If other, please specify:

\_\_\_\_\_

---

B20.11 - Do you have other relative to add?

- Yes
- No



**NINETEENTH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B21.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B21.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B21.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B21.3 - The relative's last name: \_\_\_\_\_

B21.4 - The relative's first name: \_\_\_\_\_

B21.5 - The relative's middle name: \_\_\_\_\_

B21.6 - The relative's sex  Male  Female

B21.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B21.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B21.8.1 - If other, please specify:

\_\_\_\_\_

---

B21.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B21.9.1 - If other, please specify:

\_\_\_\_\_

---

B21.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B21.10.1 - If other, please specify:

\_\_\_\_\_

---

B21.11 - Do you have other relative to add?

- Yes
- No

**TWENTIETH RELATIVE**

**(parent/guardian to consent for ages 6 years and under, parent/guardian to consent with minor assent for ages 7-17 years, and child/adult 18 years and over must consent for themselves)**

**You have completed ... (of Form B - Participant Family Profile)**

**90%**

B22.1 - Do you have the consent of this relative or his/her parents/guardians?  Yes  No

B22.1.1 - Please upload the Informed Consent Form (ICF) signed by this relative.

B22.2 - Relationship to the participant

- mother
- father
- child
- brother/sister
- grandchild
- half-sibling
- niece/nephew
- grandparent (mother side)
- aunt/uncle (mother side)
- first cousin (mother side)
- second cousin (mother side)
- other (mother side)
- grandparent (father side)
- aunt/uncle (father side)
- first cousin (father side)
- second cousin (father side)
- other (father side)
- relative by marriage
- other blood relative

B22.3 - The relative's last name: \_\_\_\_\_

B22.4 - The relative's first name: \_\_\_\_\_

B22.5 - The relative's middle name: \_\_\_\_\_

B22.6 - The relative's sex  Male  Female

B22.7 - The relative's DOB: \_\_\_\_\_  
(for example, if Dec 25th, 2017, please type in 2017-12-25)

---

B22.8 - The relative's known medical problems:  
(check all applicable)

- fatal MH
- survived fulminant MH event
- possible MH (or possible MH event)
- MH family history (use only for those relatives with CHCT results)
- perioperative death - not thought to be MH
- perioperative death - etiology undetermined
- S.I.D.S. or cot death
- Sudden death - unknown cause, age 1.5 to 45 yrs
- heat stroke
- neuroleptic malignant syndrome
- myopathy
- idiopathic creatine kinase elevation
- CFIDS (Chronic Fatigue and Immune Dysfunction Syndrome)
- muscle pain, weakness or fever with exercise
- episodic dark urine and muscle pain
- diabetes
- none of the above
- other (specify)
- unknown

---

B22.8.1 - If other, please specify:

\_\_\_\_\_

---

B22.9 - CHCT test result:

- positive
- negative
- equivocal
- not performed
- other (specify)

---

B22.9.1 - If other, please specify:

\_\_\_\_\_

---

B22.10 - Genetic test result:

- Pathogenic mutation for MH
- Pathogenic mutation for other disorder
- Variant of undetermined significance
- Polymorphism
- No genetic changes
- Not performed
- Other genetic change (specify)

---

B22.10.1 - If other, please specify:

\_\_\_\_\_

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Congratulations. You have completed ... (of Form B - Participant Family Profile)  
100%