



YOUR FABRY TEST SCHEDULE

Test \_\_\_\_\_ Due \_\_\_\_\_

AMDC appt \_\_\_\_\_  
\_\_\_\_\_

Echocardiogram \_\_\_\_\_  
\_\_\_\_\_

Electrocardiogram \_\_\_\_\_  
\_\_\_\_\_

Blood Work \_\_\_\_\_  
\_\_\_\_\_

24 hour urine collection \_\_\_\_\_  
\_\_\_\_\_

Holter monitor \_\_\_\_\_

Audiogram \_\_\_\_\_

PFT \_\_\_\_\_

Brain MRI (CT) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

VANCOUVER GENERAL  
HOSPITAL'S

ADULT METABOLIC  
DISEASES CLINIC

*Fabry Test Schedule*



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TEST SCHEDULE

The frequency with which your tests are scheduled depends on whether you are receiving Enzyme Replacement Therapy (ERT) or not and whether your Fabry physician recommends more/less frequent monitoring.

This brochure is a general guideline only and your physicians' recommendations are to be adhered to.

Unless otherwise stated, the Adult Metabolic Diseases Clinic (AMDC) faxes the requisitions to a hospital in your area for you to complete the tests locally.

Unless otherwise stated, ALL ECHOCARDIOGRAMS ARE TO BE DONE AT VANCOUVER GENERAL HOSPITAL and are coordinated with your AMDC appointment. Please let us know at your earliest convenience if you need to make changes to your clinic appointment.

**“Baseline” means the test is done one time only at your doctor’s request.**

ON ENZYME THERAPY

<u>Test</u>	<u>Due</u>
AMDC appt.	<u>Every 6 months</u>
Echocardiogram	<u>Every 6 months</u>
Electrocardiogram	<u>Every 6 months</u>
Blood work	<u>Every 6 months</u>
Holter Monitor	<u>Annually</u>
24 hour urine collection	<u>Annually</u>
Audiogram	<u>Every 2 years</u>
Brain MRI (or CT)	<u>Every 2 years</u>
Pulmonary Function Test	<u>Every 2 yrs</u>
Eye Exam	<u>Baseline only</u>
Nuclear Renogram	<u>Baseline may be ordered</u>



NO ENZYME THERAPY

<u>Test</u>	<u>Due</u>
AMDC appointment	<u>Annually</u>
Echocardiogram	<u>Annually</u>
Electrocardiogram	<u>Annually</u>
24 hour urine collection	<u>Annually</u>
Blood work	<u>Annually</u>
Holter Monitor	<u>Annually</u>
Audiogram	<u>Every 2 years</u>
Brain MRI (or CT)	<u>Every 2 years</u>
Pulmonary Function Test	<u>Every 2 yrs</u>
Eye Exam	<u>Baseline only</u>
Nuclear Renogram	<u>Baseline may be ordered</u>



