Protoco	ol: CHD Brain and Genes	Visit: ND Protocol Visit
Site ID:	_  (XXX) Blind ID: 1 -   _	_  (1-XXXXX)
Eligik	pility Criteria	
Did su	bject meet all Inclusion Criteria:	
1	Subjects in whom WES or WGS has already been performed, either during the CHD GENES study or, for new centers (Utah or USCF/Gladstone), after trios in existing biobanks undergo analysis by WES or WGS during the PCGC2 grant cycle	Provided by ACC
2	Presence of deleterious mutations (damaging de novo mutations or stringently defined deleterious missense mutations) identified on sequencing (Cases) OR absence of such known deleterious mutations (Controls)	Provided by ACC
3	Males or females, age ≥8 years	☐ Yes ☐ No
4	Diagnosis of CHD	☐ Yes ☐ No
5	Informed consent obtained	☐ Yes ☐ No
Did su	bject meet any Exclusion Criteria:	
1	History of cardiac transplant	☐ Yes ☐ No
2	A cardiac surgical procedure within 6 months of enrollment	☐ Yes ☐ No
3	Known genetic syndrome due to a pathogenic variant identified in a gene associated with abnormalities of the brain structure or function, structural heart disease, and potentially other associated features.	☐ Yes ☐ No
4	Presence of CNV known to be clinically pathogenic. Variants will be classified as pathogenic using accepted types of variant evidence (e.g., population data, computational data, functional data, segregation data) as detailed in the American College of Medical Genetics and Genomics "ACMG Standards and Guidelines for the interpretation of sequence variants" (Richards et al, GIM 2015).	Provided by ACC
5	Overwhelming acquired brain injury, such as a major stroke or severe ischemic injury, that would overshadow the effect of a genetic mutation on outcome in the opinion of the center investigator	☐ Yes ☐ No
6	Lack of ability to communicate in English or Spanish	☐ Yes ☐ No
Did su	bject meet any MRI Exclusion Criteria:	
1	Contraindication to having brain MRI scan	☐ Yes ☐ No
2	Claustrophobia or inability to lie still while in the MRI scanner for the required time (sedation will not be allowed)	☐ Yes ☐ No
3	Pregnancy	☐ Yes ☐ No

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PI Signature:

Date: \_\_\_\_\_