

Genomic Test Directory indication: R217 Endocrine Neoplasia	First name:	
	Last name:	
	D.O.B:	
	NHS number:	<input type="text"/>

Clinically affected	<input type="checkbox"/>	Age of onset:	<input type="text"/>
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Clinically unaffected	<input type="checkbox"/>
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CLINICAL FEATURES (please tick if present or indicate if actively excluded):

Hyperparathyroidism:	<input type="checkbox"/>	Parathyroid hyperplasia/ Multiglandular	<input type="checkbox"/>	Parathyroid adenoma	<input type="checkbox"/>
Pituitary adenoma:	<input type="checkbox"/>	Prolactinoma/ Hyperprolactinemia	<input type="checkbox"/>	GH-secreting	<input type="checkbox"/>
Pancreatic tumour:	<input type="checkbox"/>	Insulinoma	<input type="checkbox"/>	Gastrinoma	<input type="checkbox"/>
Carcinoid tumour	<input type="checkbox"/>	Adrenocortical tumour	<input type="checkbox"/>	Meningioma	<input type="checkbox"/>
VIPoma	<input type="checkbox"/>	Facial angiofibroma	<input type="checkbox"/>	Collagenoma	<input type="checkbox"/>

OTHER RELEVANT INFORMATION: (including any relevant family history):

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Clinician Name:			
Telephone No.:	<input type="text"/>	Email address:	<input type="text"/>
Address for report:	<input type="text"/>		