

Genomic Test Directory indication: <b>R153 Familial Hypoparathyroidism</b>	First name:	
	Last name:	
	D.O.B:	
	NHS number:	<input type="text"/>

Clinically affected	<input type="checkbox"/>	Age of onset:	<input type="text"/>	Clinically unaffected	<input type="checkbox"/>
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**BIOCHEMISTRY (PRE-TREATMENT):**

Serum uncorrected calcium	<input type="text"/>	Reference range:	<input type="text"/>
Serum corrected calcium	<input type="text"/>	Reference range:	<input type="text"/>
Serum creatinine	<input type="text"/>	Reference range:	<input type="text"/>
Albumin	<input type="text"/>	Reference range:	<input type="text"/>
25-hydroxyvitamin D	<input type="text"/>	Reference range:	<input type="text"/>
PTH	<input type="text"/>	Reference range:	<input type="text"/>
Phosphate	<input type="text"/>	Reference range:	<input type="text"/>
24hr urine calcium	<input type="text"/>	Reference range:	<input type="text"/>
24hr urine creatinine	<input type="text"/>	Reference range:	<input type="text"/>

**CLINICAL FEATURES (please tick if present or indicate if actively excluded):**

Chronic mucocutaneous candidiasis	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	Hypogonadism	<input type="checkbox"/>
Adrenocortical insufficiency	<input type="checkbox"/>	Pituitary defects	<input type="checkbox"/>	Alopecia	<input type="checkbox"/>
Sensorineural deafness	<input type="checkbox"/>				
Renal:	<input type="checkbox"/>	dysplasia	<input type="checkbox"/>	agenesis	<input type="checkbox"/>
				nephrosis	<input type="checkbox"/>

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

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