

Genomic Test Directory indications: R151 Familial Hyperparathyroidism R152 Hypocalciuric Hypercalcaemia	First name:	
	Last name:	
	D.O.B:	
	NHS number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>
Calcium:creatinine clearance ratio (CCCR) Urine Calcium (mmol/l) x [Serum Creatinine (umol/l) / 1000] / Serum Calcium (mmol/l) x Urine Creatinine (mmol/l)			<input type="text"/>

CLINICAL FEATURES (PLEASE TICK IF PRESENT):

Parathyroid:	adenoma <input type="checkbox"/>	hyperplasia <input type="checkbox"/>	carcinoma <input type="checkbox"/>	recurrent <input type="checkbox"/>	Multi-glandular <input type="checkbox"/>
	Nephrocalcinosis <input type="checkbox"/>	Kidney stones <input type="checkbox"/>	Ossifying fibroma(s) of the maxilla/ mandible <input type="checkbox"/>		
	Entero-pancreatic neuroendocrine tumour <input type="checkbox"/>	Pituitary tumour <input type="checkbox"/>	Medullary thyroid cancer <input type="checkbox"/>	Pheochromocytoma <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"/>		