

|   |             |                      |
|---|-------------|----------------------|
| Genomic Test Directory indication:<br><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"/> |
|---------------------|--------------------------|---------------|----------------------|-----------------------|--------------------------|

**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"/> |                |                      |