

UKGTN Testing Criteria

Test name: Hyperparathyroidism and Related Calcium Renal Tubulopathies 3 Gene Panel	
Approved name and symbol of disorder/condition(s): See website listing	OMIM number(s):
Approved name and symbol of gene(s): See website listing	OMIM number(s):

Patient name:	Date of birth:
Patient postcode:	NHS number:
Name of referrer:	
Title/Position:	Lab ID:

Referrals will only be accepted from one of the following:	
Referrer	Tick if this refers to you.
Clinical Geneticist	
Consultant Paediatric Nephrologist	
Consultant Adult Nephrologist	

Minimum criteria required for testing to be appropriate as stated in the Gene Dossier:	
Criteria	Tick if this patient meets criteria
Individuals with confirmed idiopathic hypocalciuric hypercalcaemia	

Additional Information:

For panel tests:

At risk family members where familial mutation is known do not require a full panel test but should be offered analysis of the known mutation.

If the sample does not fulfil the clinical criteria or you are not one of the specified types of referrer and you still feel that testing should be performed please contact the laboratory to discuss testing of the sample.