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MAYO CLINIC
Mayo Medical Laboratories

Calcium Sensing Receptor (CASR) Gene Testing Patient Information

The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information, and family history. To help provide the best possible service, supply the information requested below and send paperwork with the specimen.

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(Month DD, YYYY)*	Gender ☐ Male ☐ Female
Requesting Physician *(Last, First)*	Phone	Fax
Genetic Counselor	Phone	Fax

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Reason for Testing

What is the suspected diagnosis?

- ☐ Familial hypocalciuric hypercalcemia (FHH)
- ☐ Neonatal severe primary hyperparathyroidism (NSPHPT)
- ☐ Autosomal dominant hypocalcemia (ADH)
- ☐ Bartter syndrome type V

Patient presentation of hypercalcemia or hypocalcemia? ☐ Yes ☐ No ☐ Unknown	If yes, ☐ hypercalcemia or ☐ hypocalcemia
Family history of hypercalcemia or hypocalcemia? ☐ Yes ☐ No ☐ Unknown	If yes, indicate hyper or hypo and list affected family members:
Family member with known CASR mutation: ☐ Yes ☐ No ☐ Unknown	If yes, indicate exon or nucleotide and list affected family members:

Print