

**Request form****Genetic analysis of hypercalcemia****Patient information****Name****Identification code****Blood sample date**

<b>Available tests</b>	DNA extraction, gene analysis and statement are included in the prices. invoicing costs 5 €. Cost of urgent analysis 100€ (Can be applied only to analyses which described with option of urgency).
	<input type="checkbox"/> All Hypercalcemias: Screening of the coding regions of the CASR, AP2S1, GNA11, CDC73 (HRPT2), MEN1, RET, CDKN1B and SLC34A3 genes (1400€)
	<input type="checkbox"/> Familial hypocalciuric hypercalcemia (FHH): Screening of the coding regions of the CASR, AP2S1 and GNA11 genes (990€) if result negative then deletion analysis of CASR gene (1200€)
	<input type="checkbox"/> Familial isolated primary hyperparathyroidism (FIPH): Screening of the coding regions of the CASR, MEN1 and CDC73 (HRPT2) genes (990€)
	<input type="checkbox"/> Jaw tumor-associated hyperparathyroidism: Screening of the coding regions of the CDC73 (HRPT2) gene and deletion analysis (890€)
	<input type="checkbox"/> MEN1, MEN2A and MEN4 related hyperparathyroidism: Screening of the coding regions of the MEN1, RET and CDKN1B genes (990€)
	<input type="checkbox"/> Neonatal severe hyperparathyroidism: Screening of the coding regions of the CASR gene and deletion analysis (890€)
	<input type="checkbox"/> Hereditary hypophosphatemic rickets with hypercalciuria (HHRH): Screening of the coding regions of the SLC34A3 gene (700€)
	<input type="checkbox"/> Jaw tumor-associated hyperparathyroidism: Deletion analysis of CDC73 (HRPT2) gene (600€)
	<input type="checkbox"/> Deletion analysis of the CASR gene (600€)
	<input type="checkbox"/> Deletion analysis of the MEN1 gene (600€)
	<input type="checkbox"/> A previously identified gene variant (220€/each) - family relationship, name, identification code and previously identified gene and mutation:
	<input type="checkbox"/> A previously identified deletion or insertion (400€) - family relationship, name, identification code and previously identified gene and mutation:

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<b>Delivery of the results and Invoicing</b>	<b>Physician</b>
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**Address****Invoice address and VAT number**

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<b>Sample requirements</b>	<ul style="list-style-type: none"><li>- Two EDTA blood tubes (2x3-7ml, infants 1x0.5-3 ml) or extracted DNA (e.g. tissue samples)</li><li>- Write a patient name, identification code, blood sample date on the tube</li><li>- After taking a blood sample store it in a refrigerator</li><li>- Mail the blood samples by express mail at ambient temperature as soon as possible</li><li>- Mail the blood samples on Monday, if possible</li></ul>
<b>Shipping address</b>	University of Eastern Finland Institute of Clinical Medicine / Laboratory of Internal Medicine PL 1627 (Yliopistonranta 1 C) 70211 Kuopio Finland
<b>More info</b>	Email: <a href="mailto:genediagnostics@uef.fi">genediagnostics@uef.fi</a> Web: <a href="http://www.uef.fi/genediagnostics">www.uef.fi/genediagnostics</a>

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