



CYSTIC FIBROSIS TESTING QUESTIONNAIRE

Provider Name: _____

Patient Name: _____

SSN: _____ - _____ - _____ Date of Birth: _____

- Optimal time for testing is either preconception or early in pregnancy
The specimen requirement is 4.0 mL whole blood EDTA or ACD. Transport refrigerated.
All Information is Required for correct interpretation.

REASON FOR TESTING:

- Carrier study, including prenatal testing for asymptomatic patient (population screen)
Diagnosis of symptomatic patient
Fetal Study (amniocentesis)

GENETIC BACKGROUND: Check all that apply.

- Ashkenazi (Eastern European) Jewish (both parents are Jewish)
Partial Ashkenazi Jewish
Jewish, non-Ashkenazi
Caucasian, Northern European
Caucasian, Southern European
African American
Hispanic
Asian
Other: _____

FAMILY HISTORY: Check or supply information as applicable.

Is there a family history of this disease? [] No [] Yes
If yes, specify relationship of positive family member to patient and include mutation if known:

_____ This individual is (check one below):

- Carrier/Asymptomatic [] Affected/Symptomatic []