



THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

PATIENT HISTORY FORM FOR CYSTIC FIBROSIS (CF) TESTING

Patient Name: _____ Date of Birth: _____
 Sex Assigned at Birth: Female Male Intersex Gender Identity (optional): Female Male _____
 Ordering Provider: _____ Provider's Phone: _____
 Practice Specialty: _____ Provider's Fax: _____
 Genetic Counselor: _____ Counselor's Phone: _____

Patient's Ethnicity (check all that apply)
 Black/African American Asian Hispanic or Latino Native American or Other Pacific Islander
 Ashkenazi Jewish White Middle Eastern Other: _____

Is the patient pregnant? No Yes N/A

Does the patient have symptoms? No Yes (check all that apply)
 Azoospermia COPD Pancreatitis
 Bilateral absence of the vas deferens Failure to thrive Pneumonia
 Bronchiectasis Fetal echogenic bowel Positive newborn screen
 Chronic cough Meconium ileus Pseudomonas
 Other symptoms: _____

Has sweat chloride testing been performed? No Yes Unknown
 If yes, what was the result? normal (<30) borderline (30-60) elevated (>60) QNS Unknown

Has the patient undergone previous DNA testing for CF? No Yes Unknown
 If yes, describe the test(s) and results: _____

Does the patient have a family history of CF? No Yes Unknown
 If yes, specify the relationship of the family member to the patient: _____

Indicate if the relative is: a healthy carrier affected with CF List CF variant(s): _____

Is the patient's reproductive partner a CF carrier? No Yes If yes, list the variant: _____

Does the patient's reproductive partner have a family history of CF? No Yes Unknown
 If yes, specify the relationship of family member(s) to the partner: _____

Is the partner's relative a healthy carrier or affected?



For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.



INFORMED CONSENT FOR GENETIC TESTING

Patient021e311e311e311e311.2u4t(578020187N/TT01Tf0.2270Td(a)T/C2_01Tf0.4740Td0003T/TT01Tf0.0007Tc0.220Td(f)1(0)3.8(mily)T/C2_01Tf0Tc0003T/TT01T