

**CYSTIC FIBROSIS (CF) ORDER FORM /
PATIENT INFORMATION**

PATIENT NAME _____

PHYSICIAN NAME _____

CF TESTS (Check only one)

CF Mutation Panel: Tests for the 25 most common mutations in the CF gene, including F508. A positive result will reflex to PCR testing for the specific gene mutation.

Order for the following indications:

1. Patient is possibly affected with CF
2. Population screening / carrier testing
3. Family history of CF; unknown mutations or at least one mutation is not F508.

F508 Deletion: Tests for the presence or absence of F508 (one mutation in the CF gene). Order only when there is a documented family history of only the F508 mutation.

REASON FOR CF DNA ANALYSIS (Check only one)

Suspect patient may be affected Carrier testing / population screening

DOES PATIENT HAVE ANY OF THE FOLLOWING?

Family history of CF? No Yes If yes, list the specific mutation _____

Positive sweat chloride test? No Yes Borderline Not Done

Bowel obstruction? No Yes

Failure to thrive? No Yes

Recurrent pneumonia / lung disease? No Yes

PATIENT'S ETHNICITY (Check all applicable)

African American Caucasian

Asian Hispanic

Ashkenazi Jewish Multiethnic

Other _____