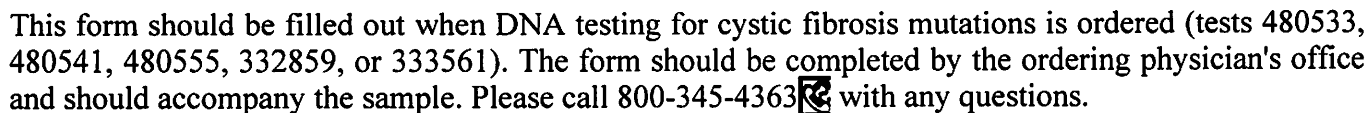
Cystic Fibrosis Screening Questionnaire


This form should be filled out when DNA testing for cystic fibrosis mutations is ordered (tests 480533, 480541, 480555, 332859, or 333561). The form should be completed by the ordering physician's office and should accompany the sample. Please call 800-345-4363 with any questions.

Patient's name: ____

Date of birth: ____________________________ Gender: _____ M _____ F

Name of person completing form: ____________________________________

Physician's signature: ________________________________

Physician's telephone _____________________________

Indications for Testing

_____ Routine carrier screening of patient

_____ Screening for partner of a previously identified carrier

_____ Suspected/known diagnosis of symptomatic individual

_____ Fetal analysis of known carrier parents (CVS or amniotic fluid; circle one)

Mother's mutation _________ Father's mutation _________

_____ Other ____

Patient Ethnicity

_____ Ashkenazi Jewish _____ Asian _____ Caucasian/White

_____ Native American/American Indian _____ African American/Black

_____ Hispanic _____ Unknown _____ Other (please specify) __________

Patient History

Is this patient/this patient's partner currently pregnant? _____ Yes _____ No

If so, what is the current gestational age? _____

Has anyone in the patient's family been diagnosed with cystic fibrosis? _____ Yes _____ No

If yes, what is his/her relationship to the patient (brother, sister, niece, first cousin, second cousin, etc)? ___________

If known, please list the cystic fibrosis mutation(s). ___________________

Has anyone in the patient's family been identified as a carrier for a cystic fibrosis mutation? _____ Yes _____ No

If yes, what is his/her relationship to the patient (brother, sister, first cousin, second cousin, etc)? ___________

If known, please list the cystic fibrosis mutation(s). ___________________

If this patient is suspected of having cystic fibrosis, what clinical symptoms/ultrasound findings are present?

____

Has the individual been sweat tested? _____ Yes _____ No

Was the sweat test positive? _____ Yes _____ No