

## Cystic Fibrosis Informed Consent Form

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Ordering Physician**

**Name:** \_\_\_\_\_

**Relevant Clinical Information:** \_\_\_\_\_

**Reason for ordering test:**

Suspected Diagnosis of CF  
 Family History (Specify Below)  
 Idiopathic pancreatitis  
 Other: \_\_\_\_\_

Carrier Screen (No Family History)  
 Partner is a Carrier of a CF Mutation  
 Bilateral Congenital Absence of the Vas Deferens

Relationship	Affected	Carrier	Result	Name
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**Patient's ethnic or racial background:**

European Caucasian

Asian American

Ashkenazi Jewish

Hispanic

African American

Other: \_\_\_\_\_

Ethnicity	Pre-testing Carrier Rate	Detection Rate using ACMG panel	Residual Risk of Being a Carrier after testing negative for mutation panel.
Mixed European African American	1/25	~ 90%	1/241
Ashkenazi Jew	1/65	~ 69%	1/207
Hispanic	1/25	~ 97%	1/801
Asian	1/46	~ 57%	1/105
	1/90	?	<1/90

Adapted from Genetics in Medicine 2002, 4(5):379-391

**Patient's Signature:** \_\_\_\_\_