PATIENT NAME		COLLECTION DATE
DOB	REQUESTING DR.	COLLECTION TIME
MHN	ROUTING LOCATION	COMPLETED BY

Cystic Fibrosis (CFDNAD)

TO ORDER:

- Complete the upper portion of this form with the following required information: patient's full name, DOB, Marshfield Clinic medical history number, location, date and time of specimen collection, the requesting physician's name or number and your initials.
- Check the box immediately preceding the desired test code.
- Provide the appropriate ICD-9 diagnosis code (specific reason why this test was ordered).
- Complete the entire clinical information section.

TEST ORDER

☐ **Cystic Fibrosis Mutation Analysis (CFDNAD)**
If R117H is present, CFTR Poly T will be performed at no additional charge.
ICD diagnosis _____ (must be completed)

☐ **CFTR Intron 8 poly (t) variant**
May be ordered in cases of known R117H or for male infertility.
ICD diagnosis _____ (must be completed)

CLINICAL INFORMATION

Patient's ethnicity:

- ☐ Caucasian
- ☐ African American
- ☐ Ashkenazi-Jewish
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Other _____

Indication(s) for Testing (complete either Section A or Section B)

A. Carrier screening (no symptoms of CF)

(Please check all that apply)
Does the patient have a family history of CF
☐ Yes ☐ No
If yes, what is the specific relationship of the family member to the patient
_____
Is the relative a healthy carrier ☐ or, affected with CF ☐
What CF mutation(s) does this family member have _____
_____
Is the patient's reproductive partner a CF carrier
☐ Yes ☐ No ☐ Partner has not been tested
If yes, list the identified CF mutation _____

B. Diagnostic testing of a symptomatic individual (not carrier testing)

(Please check relevant clinical symptoms)

☐ Failure to thrive	☐ Meconium ileus	☐ Pancreatitis
☐ Echogenic bowel	☐ Pneumonia	☐ Bronchiectasis
☐ Sinusitis	☐ Chronic cough	☐ CBAVD
☐ Infertility	☐ Other _____	

Has sweat chloride testing been performed:
☐ Yes ☐ No
If yes, what was the result _____ mmol/L Sweat Chloride
Weight of sweat sample _____ grams

9-20216-03 (07/06/09)