

The Center For Reproductive Medicine, PC

3 Mobile Infirmiry Circle Ste 213

Mobile, AL 36607

CYSTIC FIBROSIS CARRIER TESTING

INFORMED CONSENT / DECLINE

You should be certain you understand the six items listed below. IF you are not certain about any of them, please ask your health care provider to explain them further before signing this form accepting or declining CF carrier testing.

1. I understand that the decision to be tested for CF carrier status is completely mine.
2. I understand that the test does not detect all CF carriers.
3. I understand that if I am a carrier, testing the baby's father will help me learn more about the chance that my baby could have CF.
4. I understand that if one parent is a carrier and the other is not, it is still possible that the baby will have CF, both that the chance of this is very small.
5. I understand that if both patents are carriers, additional testing can be done in order to know whether or not the baby will have CF.

I have read and understand the information on this brochure form and:

_____ I do not want CF carrier testing

_____ I want CF carrier testing

_____ I am undecided at this time

CF Test is performed by Lab Corp. If your insurance company does not cover this screening LabCorp LabCorp will bill you the patient approximately \$800.00 or you can pay CRM \$189.00 at the time of service.

Please print name

Patient signature

Date : _____