

## 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 healthcare provider to explain them further before signing this form accepting or declining Cystic Fibrosis (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 both parents 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 but that the chance of this is very small.*
5. *I understand that if both parents are carriers, additional testing can be done in order to know whether or not the baby will have CF.*
6. *I understand that if the baby has inherited a changed CF gene from each parent, the only way to avoid the birth of a baby with CF is by terminating the pregnancy.*

I have read and understand the information in this collection kit and:

\_\_\_\_\_ I do not want CF carrier testing.

\_\_\_\_\_ I want CF carrier testing.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resources to learn more:

1. Cystic Fibrosis Foundation • 1-800-FIGHT CF (1-800-344-4823) • [www.cff.org](http://www.cff.org)
2. National Society of Genetic Counselors • 1-610-872-7608 Press 7 • [www.nsgc.org](http://www.nsgc.org) Click on ResourceLink
3. Genetic Alliance • 1-800-336-4363 • [www.geneticalliance.org](http://www.geneticalliance.org)

cut on dotted line

## Cystic Fibrosis Mutation Detection by PCR-OLA

### Buccal Swab Collection Kit



4711 Trousdale Drive  
Suite 209  
Nashville, TN 37220

615-781-0709  
1-800-390-5280  
Fax 615-781-0766  
[www.geneticassays.com](http://www.geneticassays.com)

# Cystic Fibrosis Mutation Testing

## Instructions for Collection

*To be completed by phlebotomist or nurse performing specimen collection*

- Gloves must be worn when collecting/handling buccal swabs. (Genetic Assays highly stresses the practice of sterile collection procedures.)
- Peel open the sterile wrap of collection swabs. Do not discard wrap since the swabs will be placed back in wrap after collection.
- Collect two swabs per patient (one per mouth cheek and one at a time) by brushing against the inside of patient's mouth cheek with the swab for a minimum of 10 seconds each.
- Allow to air dry for 10 seconds.
- Place completed air dried swabs (cotton-tip first) back into sterile wrap.
- Place sterile wrap into attached envelope and complete patient information.
- Physician retains **Informed Consent Form** by a photocopy or cutting along indicated line.
- Send completed kit along with **Lab Request Form** to Genetic Assays.

## Submission Check List

*To be completed by phlebotomist or nurse performing specimen collection*

- Informed Consent** has been read and signed by patient.
- Genetic Assays' **Request Form** has been completed to include indications for testing.
- Specimen has been collected and labeled correctly (follow instructions on inner panel).
- Genetic Assays' **Request Form** and specimen are sent to Genetic Assays for testing.



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