

Cystic Fibrosis Carrier Clinical Information

Test code: 2843 2-4 mL EDTA (lavender) tubes Ambient temperature

Patient name _____

Date of birth _____ Social Security _____

Patient sex (please check): Male Female

▶ Reason for ordering test _____

▶ Ethnic/racial background _____

▶ Is there a history of this condition in the patient's family? Yes No Unknown

▶ Has the patient or a family member had this test before? Yes No Unknown

If yes, please indicate:

Relationship to the patient	Affected	Carrier	Test result(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete all information and attach this form to the test requisition.
Send both with the specimen in the transport bag to the laboratory.