

## **CYSTIC FIBROSIS CARRIER TESTING**

Cystic fibrosis Carrier testing is being made available to you on a voluntary basis. Testing can be right for some people and not right for others based on many factors. These include your level of risk, your family situation, plans, and needs, and your religious and spiritual beliefs. Whether or not you are tested is a personal decision that belongs to you and your baby's father.

Cystic fibrosis (CF) is a life-long illness that is usually diagnosed in the first few years of life. The disorder causes problems with digestion and breathing. Cystic fibrosis does not affect intelligence or appearance. **Some individuals have milder or more severe symptoms** than others for reasons that are not completely understood. It is not always possible to tell from a prenatal test how mild or severe a child's symptoms will be. While in general people with CF have a shorter life span, some die in childhood, and others live into their 40s or even longer. Although there is no cure for CF, research on more effective treatments is under way.

The purpose of CF carrier testing is to see if a couple is at increased risk for giving birth to a child who will have CF. Cystic fibrosis carrier testing is a laboratory test done on a sample of blood or saliva. Most women's test results are normal. **A couple is at high risk if both individuals are carriers. When this occurs, additional testing can be done** on the developing baby to see whether or not he or she will have CF. The purpose of having this information about your developing baby is so you can prepare yourself to care for a child with special health care needs or so you can terminate the pregnancy. Additional information is available from the Cystic fibrosis Foundation at 1-800-FIGHT CF (1-800-344-4823) or [www.cff.org](http://www.cff.org).

After learning about CF carrier testing, some people decide to have testing, and others decide against it. If you are interested in learning more about CF testing, an appointment for counseling will be arranged for you and your baby's father.

1. \_\_\_\_\_ I do not want Cystic fibrosis carrier testing.
2. \_\_\_\_\_ I want to learn more about Cystic fibrosis carrier testing.

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Patient Signature

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Date

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Patient Addressograph

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**Original form to Prenatal Record  
Carbon to Patient**

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**NHBREM 6010/25(REV 10/03)  
Originator: 4 OB  
KEPT IN MEDICAL RECORD**