

Terry Allen MD & Scott Forrest MD, PLLC
Informed Consent: CF Screening

Cystic Fibrosis (CF) is the most common lethal genetic disease in the United States and is characterized by breathing difficulties, lung infections, and ultimately death from pulmonary failure usually during early adulthood. Despite recent improvement in treatment of CF symptoms, there is no known cure. CF occurs when an individual receives two copies of the CF gene, one from each parent. A CF carrier has only one CF gene and does not have the disease but is at risk for transmitting the disease to their children. This risk is 0% if only one parent is a carrier but is 25% if both parents are CF carriers. Most carriers of CF have no family history of the disease. There is a higher frequency of CF in Caucasians of Northern European and Ashkenazi Jewish ancestry but CF may occur in people of any ancestry.

The American College of Obstetrics and Gynecology now recommends that all women seeking prenatal care be screened for CF. This blood test detects the majority but not all carriers for CF. If both parents are carriers, prenatal diagnosis of the fetus can be confirmed by amniocentesis. Unfortunately, there is no current treatment for CF during pregnancy.

The decision to be screened to see if you are a CF carrier is optional. It is important to remember that current testing detects most but not all CF carriers. If you are a CF carrier, testing of the baby's father will be recommended. If he tests negative, there is still a very small possibility that the baby will have CF secondary to the limitations of current testing. If both parents are CF carriers, the baby will have a 25% chance of having CF and a referral to a genetic counselor will be recommended.

Acknowledgement:

I have read the above information regarding CF and CF screening and:

I want CF screening

I do not want CF screening

Patient Name: _____

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____