Rex Laboratory Outreach

Information Sheet for Cystic Fibrosis Screening

Please complete this form and submit it to our Laboratory with EACH specimen for CYSTIC FIBROSIS SCREENING.

We will forward this information to the Molecular Genetics Congenital Disorders section of the Mayo Medical Laboratories, along with the sample for analysis. This information is essential to the specialist who will render an opinion based on an interpretation of information provided. If the clinical information is not available, please provide the ordering physician's name and phone number.

Patient's Name: _____
Sex: _____

Collection Date / Time: _____a.m. or **p.m.**

Reason for ordering test: _____

Ethnic/Racial background of Patient: _____

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 patient	Affected	Carrier	Test Results/Tested at Mayo?
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for your cooperation.
If questions, or for assistance, please call:
784-3355
Debbie Lompa
Client Service Representative
Rex Laboratory Outreach

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