



CARING CENTER FOR
WOMEN^{PA}

1305 WONDER WORLD DR, STE.209
SAN MARCOS, TX 78666
512-396-7575

1583 E. Common Street, Suite #100
New Braunfels, TX 78130
830-387-4790

CYSTIC FIBROSIS

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 health care provider to explain them further before signing this form accepting or declining 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 the baby's father 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 consent and:

_____I do NOT want CF carrier testing

_____I want CF carrier testing

Signed: _____

Date: _____

*****Insurance may not cover this screening lab. If you choose to receive the CF test, you may be billed for the cost. Please check with your insurance company prior to having the test performed.***