

Wellesley Women's Care, P.C.

Obstetrics / Gynecology / Infertility

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Cystic Fibrosis Carrier Status

Informed Consent / Decline

You should be certain you understand the five items listed below. If you are not certain about any of them, please ask your physician 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 the 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 could have CF, but the chance of this is very small.
5. 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 above information and:

- I do not want CF carrier testing
- I do want CF carrier testing

Signed: _____

Date: _____