



Biomnis

Clinical Information Form

Cystic fibrosis gene analysis (CFTR gene)

INTERNATIONAL DIVISION • Tel.: +33 (0)4 72 80 23 85 • Fax: +33 (0)4 72 80 73 56 • E-mail: international@biomnis.com

PATIENT DETAILS

First(s) name(s):
 Surname:
 Date of birth:
 Gender: F M

CLINICIAN

Surname: Dr
 Address:
 Post code: City:
 Country:
 Tel.:

TESTS REQUESTED

- Cystic Fibrosis CFTR-screening of most frequent mutations
- Cystic Fibrosis CFTR-complete genotyping by New Generation Sequencing (NGS)

FAMILY TREE

Geographical origin*:
*(*the frequency and distribution of the mutations vary depending on the ethnic/geographical origin of the patient)*

Consanguinity: YES *(please indicate on the tree)* NO

CONSULTATION CERTIFICATE AND PATIENT CONSENT FORM

(Decree n° 2008-321 of 4th April 2008, amended on 27th May 2013)

I, the undersigned,
 Medical Doctor (MD), certify that I have fully informed my patient

Mr/Mrs/Miss
 of the information defined according to the article R.1131-4 of decree n°2008-321 dated 4 April 2008 of the French public health code and amended on 27th May 2013 and that I have obtained written informed consent from my patient under the conditions specified in article R.1131-5.

Signed in (city)
 on

Physician's signature

I, the undersigned,
 Mr/Miss/Mrs
 declare that I have been informed and fully understand all information relating to this analysis and give my consent to perform this genetic test, in accordance to the articles R.1131-4 and R1131-5 of the public health code and decree of 27th May 2013.

Signed in (city)
 on

Patient signature

REASON BEHIND THE TEST REQUEST FOR A CHILD OR ADULT

- Suspected cystic fibrosis**
 - ENT disease:
 - Respiratory disease:
 - Digestive system disease:
 - Pancreatic affection:
 - Sweat test: NO YES, result *(please indicate the unit):*
- Infertility**
 - Bilateral absence of the vas deferens: NO YES
Please include the ultrasound scan and test results
- Medically assisted procreation**
- Ovum donation**
- Suspected cystic fibrosis in a foetus**
 - LMP: Date of conception:
 - Amniocentesis: NO YES
 - Digestive enzyme assay on amniotic fluid: NO YES, results:
 - Please include the ultrasound scan(s) and test results*
- Family investigation**
 - Heterozygote screening of the family of a patient with cystic fibrosis
 Familial mutation to be screened for:
 - Please include the CFTR gene analysis test results*
 - Heterozygote screening for a partner of an afflicted individual a partner of heterozygous individual