



Cystic Fibrosis (CF) is a genetic disease that occurs more frequently in the Caucasian population. About 1 in 3000 children is born with CF. Classic CF causes disease of the lungs and pancreas. This may result in frequent illness, hospitalizations, and even death. However, the disease course is variable. Some individuals have very few medical problems and with modern treatments, survive well into adulthood. Currently, the average age of survival is 30.

Because of recent advances in genetic technology, we can now determine who is a carrier of CF by testing a blood sample for mutations that cause CF. Approximately 1 in 29 Caucasian individuals is a carrier, and carriers are at risk for having children with the disease. However, before considering CF screening, you should be aware of these facts.

- ❖ Both parents must be carriers before a child can have the disease. If one partner is found to be a carrier, the other would need to be tested.
- ❖ If both parents are found to be carriers, the fetus has a 1 in 4 chance (or a 25% risk) of having CF. The next step would be to consider testing the pregnancy by way of amniocentesis or CVS. There is no cure for CF.
- ❖ Although there are more than 900 mutations that cause CF, most labs only test for 30. The CF screen detects only about 85% of mutations that cause CF. Therefore, a 'negative screen' does not guarantee that the individual is not a carrier.
- ❖ If one parent is found to be a carrier and the other is screen-negative, no further testing is recommended. No further testing will either rule out or diagnose CF.
- ❖ For most labs, the results take about 2 weeks. Therefore, we may not be able to get complete information on both you and your partner for more than a month. If the pregnancy is tested, it may take an additional 3-4 weeks to get those results.
- ❖ It is not possible to predict the severity of CF disease in a fetus who is found to carry the mutations that cause CF.

I understand the above points and my questions regarding CF screening have been answered.

**The decision to have CF screening is up to you. Please mark your choice below and sign and date.**

I want to have the Cystic Fibrosis carrier testing.

I decline Cystic Fibrosis Carrier testing.

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**Patients Signature**

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**Date**



### **The HIV Antibody Test and AIDS**

The test you are about to have is a test for the HIV (Human Immunodeficiency Virus) Antibody. HIV is the virus, which can cause AIDS. AIDS (acquired immunodeficiency syndrome) is a serious disease that is caused when HIV damages a part of the body's immune system (it's a natural defenses). This makes it difficult for the body to fight off other diseases. It is not known whether everyone infected with the virus will develop AIDS. Some people have had the virus for many years without becoming sick. Even though these people are healthy, they can pass the virus to others through sex or shared needles. A women infected with HIV can pass the virus to her baby during pregnancy. Anyone who has the virus can pass it on. The HIV antibody test is a simple blood test. When someone is infected with the virus, the body makes a kind of protein called antibody. It will take at least one month or as long as six months after infection for the antibody to appear. If the test finds the antibody in your blood this means you have the virus and can pass it on. This cannot tell you whether you have AIDS or if you will develop AIDS.

### **Reasons you may want to take the test**

HIV infection is an important medical problem. If you have the virus, you need to know. You will want to learn about health care measures that may help you stay healthy and keep you from developing AIDS. If you find out that you have the virus, you will want to tell your sex partner(s) or people you have shared needles with, so that they can get tested too. You will need to learn about safer sex and other ways to protect your partner's health and keep yourself from becoming exposed again. If you find out that you do not have the virus, your counselor will discuss with you ways to avoid getting the HIV virus.

### **Reasons you may not want to take this test**

Finding out that you have the HIV virus ca be upsetting. You might become worried about developing AIDS or infecting others. For this reason, it is important to consider who in your life is available to talk to you and help you when you receive your results. Also, there are counselors, volunteers and support groups to help you with these feelings.

### **Confidentiality**

This test becomes part of your confidential medical record and is protected by Colorado law CRS 18-4-112. Medical records can be released with your informed consent and are also subject to some discovery action. Records of this test will also be kept in locked files at the Colorado Department of Health (CDH). Colorado law CSR 25-4-1404 forbids release of the information in the CHD records to any agency or person even with your consent. The results of this test will be given to you only in person, not by phone or mail. This is done to be sure that the results go only to you.

**I have read the information in this form and have had a chance to have my questions answered.**

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Patient Signature

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Date

**Ultrasound Report**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

LMP: \_\_\_\_\_ EDC: \_\_\_\_\_ GA: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_

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Zika Virus Screening Questionnaire

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Colorado Complete Health for Women is committed to provide you with excellent care. Please take the time to answer the following questions:

1. Have you or your partner traveled to a Zika Virus infected area in the last 6 months? (e.g. South Florida, Mexico, Puerto Rico, the Caribbean, South or Central America)

No    Yes    if so when did you travel? \_\_\_\_\_

2. If the answer to question #1 is yes, did you experience the following symptoms: fever, rash, arthralgia (joint pain), and conjunctivitis (pink eye), during or within 2 weeks after your travel?

No    Yes

3. Would you like to discuss Zika virus with your doctor today?

No    Yes

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_