

Cystic Fibrosis Foundation Genotyping Center

Sample Submission Checklist

Patient Name: _____

Date: _____

<u>STEP</u>	<u>DONE</u>	<u>DATE</u>
1. Patient Data Form (1A)	<input type="checkbox"/>	/ /
2. Center issued acceptance fax/email	<input type="checkbox"/>	/ /
3. Patient consent form (2A)	<input type="checkbox"/>	/ /
4. Patient CFTR protocol consent form (2B)	<input type="checkbox"/>	/ /
5. Family member consent form (2C)	<input type="checkbox"/>	/ /
6. Requisition for DNA Analysis (3A)	<input type="checkbox"/>	/ /
7. CONSULTAND Information sheet (3B)	<input type="checkbox"/>	/ /

This checklist is for your own organizational purposes. It is not necessary to submit this sheet with the Patient Sample.