

The Johns Hopkins University School of Medicine
DNA Sequence Analysis of the CFTR Genes
Cystic Fibrosis Foundation Research Protocol

I hereby request and authorize Dr. Garry Cutting and associates at The Johns Hopkins Hospital to analyze a sample of DNA from me/my child for the purpose of determining whether sequence variation(s) are present in the CFTR genes.

It has been explained to me and I understand that:

- 1) This study is being performed as part of a research protocol, for which I have signed or will sign a separate consent.
- 2) It is expected that the great majority of mutations which cause cystic fibrosis will be detected by this analysis. However, some mutations which actually produce disease may be missed in this analysis.
- 3) Not all genetic changes result in disease. It is possible that some changes may be identified in my/my child's DNA which will be of unknown significance.

I authorize Dr. Cutting and co-workers to dispose of, retain, and/or use for scientific and/or teaching purposes the biological material obtained by this procedure.

Signed: _____

Witnessed: _____

Date: _____