

Female Patient Name: _____ Social Security #: _____

Karande & Associates, S.C. doing business as
INVIA FERTILITY SPECIALISTS
Sub-Specialty Care in Reproductive Health

WAIVER FOR CYSTIC FIBROSIS CARRIER SCREENING

I, _____ am acknowledging that I have decided *not* to have Cystic Fibrosis (CF) Carrier Screening done with my primary care physician and/or Obstetrician/Gynecologist prior to undergoing fertility treatment at InVia Fertility Specialists. I am releasing InVia Fertility Specialists from all liabilities based on my refusal to undergo CF Carrier Testing.

I understand that the purpose of CF Carrier Testing is to see whether I am a carrier for CF and, if so, to recommend that my partner also be tested prior to treatment and/or conception of a child to see if he is a carrier.

I understand that when both partners in a couple are carriers, any child they have together has a 1 in 4 (25%) chance to inherit a changed copy of the gene from each parent. A child with two changed copies of the CF gene will develop CF.

CF carrier testing is a laboratory test usually done on a sample of blood. If testing shows that a couple is high at risk, additional testing as well as genetic counseling is recommended prior to conception so that a couple can be informed of their risks of conceiving a child with CF.

I fully understand that CF cannot be treated before birth. The purpose of having given you all the needed information about your risk to have a child with CF is to prepare yourself to care for a child with special health care needs and/or discuss other options available to you should you and your partner be at risk to have a child affected by CF.

I have read the information on CF Carrier Screening attached to this waiver.

Date Patient Signature Patient Name – Print

Date Staff Member Signature Staff Member Name – Print