

**CYSTIC FIBROSIS FOLLOW-UP FORM**

**I. Diagnosis: (check one)**

- ( ) **Confirmed CF**-(0602) Positive NBS or history of sibling with CF  
*Laboratory evidence*- elevated sweat chloride =60 mEq/L or  
**identification of 2 CF mutations** or in Vivo nasal potential  
difference measurement  
*Phenotypic characteristics* (1 or more) - chronic sino-pulmonary  
disease, gastrointestinal and nutritional abnormalities, salt  
loss syndrome, male urogenital abnormalities resulting in  
obstructive azoospermia
- ( ) **Atypical/Possible CF**-(0603) Typical or "atypical" clinical  
presentation and will monitor or treat, non-diagnostic sweat test,  
**one or no identified CF mutation**, symptomatic
- ( ) **Carrier**-(0604) **One mutation identified**, sweat test negative,  
asymptomatic
- ( ) **CF negative**-(1605) **No mutations identified**, negative sweat test, no  
history, asymptomatic, NBS can discontinue follow-up

**II. Confirmatory Testing:** Date \_\_\_\_\_

1. Sweat test results(value):\_\_\_\_\_ ( )positive, ( )borderline, ( )normal
2. **Elevated IRT** with: ( )1 copy DF508, ( )2 copies DF508, ( )Neg.mutations  
( )Other mutations(Identify):\_\_\_\_\_/\_\_\_\_\_
3. Pancreatic function: ( ) Sufficient, ( ) Insufficient  
Determination method: \_\_\_\_\_

**III. Treatment:**

Date first seen \_\_\_\_\_ Date to treatment \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Physician name** \_\_\_\_\_