

Dear HIT-CF study team,

My patient expressed her/his interest in participating in the Hit CF study. Please contact him/her for further information regarding participation in the study.

Personal information:

1. Name: _____
2. Contact details: Telephone number: _____
Address: _____
E-Mail address: _____

Eligibility: I confirm that;

1. Patient has agreed to be contacted by study personnel of receiving site
 Yes
 No
2. Does he/she speak English:
 Yes
 No
3. My patient is 18 years or older:
 Yes
 No
4. His/her CFTR mutations are not excluded from study
 Yes (CFTR mutations will be sent after patient has signed IC)
 No
5. Are the CFTR mutations confirmed by DNA report?
 Yes (copy will be sent after patient has signed IC)
 No
6. His/her sweat chloride level is above 60
 Yes (exact sweat chloride levels will be sent after patient has signed IC)
 No

Sincerely,

Tel.: _____

E-Mail address: _____

Please fill in this sheet, password protect it and send it via E-Mail to UMC Utrecht: hitcf@umcutrecht.nl. Please send the password in a separate email.