

Home (/) > **CFDNAPT Entry**

# CFDNAPT Entry

---

---

<b>Name</b>	CFDNA
<b>Created On</b>	6/20/2025 9:58 PM

---

\*-Required Field.

Form Approved  
OMB No. 0920-1389  
Exp. Date 03/31/2026

Home (/) > **Cystic Fibrosis DNA Variant Detection Proficiency Testing (CFDNAPT)**

# Cystic Fibrosis DNA Variant Detection Proficiency Testing (CFDNAPT)

‡ Definition of commercial kit – A kit that has been designed by the manufacturer to sequence the CFTR gene

## Method Information

### Primary Method

**Select a primary method \***

**Is your selected method a custom commercial assay OR a lab developed test OR does your lab place restrictions on a commercial assay? \***

**Was a gene sequencing method used? \***

### Secondary/Confirmatory Method

**Select a secondary/confirmatory method**

## Extraction Method

Select an extraction method \*



## Pathogenic Variant Data

If the variant you wish to enter is not found within the searchable listing, select "other" and then enter the variant in the field that will appear when "other" is selected.

**Specimen Number**

20253011001


**Allele 1 \***



**Allele 2 \***



**Clinical Assessment \***

Select 

**Comments**

**Specimen Number**

20253011002

**Allele 1 \***



**Allele 2 \***



**Clinical Assessment \***

Select 

**Comments**

**Specimen Number**

20253011003

**Allele 1 \***



**Allele 2 \***



**Clinical Assessment \***

Select 

**Comments**

**Specimen Number**

20253011004

**Allele 1 \***

**Allele 2 \***

**Clinical Assessment \***

**Comments**

**Specimen Number**

20253011005

**Allele 1 \***

**Allele 2 \***

**Clinical Assessment \***

Select 

**Comments**

Participating laboratories must generate and submit their own results and must not share NSQAP PT test results or specimens with any other laboratory under ANY circumstance, even if the laboratory normally sends specimens to referral laboratories for routine or confirmatory testing. If participants are found to have falsified or shared results or specimens, the NSQAP committee will convene to discuss response actions for the participant which may include termination from the program.

Use of trade names is for identification only and does not imply endorsement by the Public Health Service, the U.S. Department of Health and Human Services, or the Association of Public Health Laboratories.

Save

\*-Required Field.

Form Approved  
OMB No. 0920-1389  
Exp. Date 03/31/2026