Diagnosis of Cystic Fibrosis is primarily based on the Sweat Chloride result.

<30mmol/L : Normal. Cystic Fibrosis is unlikely.

30 – 59 mmol/L : This is an intermediate result. Cystic Fibrosis is not excluded.

Recommend referring the patient to a clinician experienced in the diagnosis of Cystic Fibrosis.

>59 mmol/L : Supports the diagnosis of Cystic Fibrosis.

Recommend referring the patient to a clinician experienced in the diagnosis of Cystic Fibrosis.

The above reference interval is applicable to paediatric patients and is provided as a guide only.

NOTE: Sweat chloride concentration increases with age.

Sweat chloride may be increased by:

Topiramate Keratitis-ichthyosis-deafness syndrome

Untreated hypothyroidism SLE

Untreated adrenal insufficiency Atopic dermatitis

Pseudohypoaldosteronism Coeliac disease

Familial cholestasis Hypogammaglobulinaemia

Glycogen storage disease type 1 Anorexia Nervosa

Mauriac syndrome Malnutrition

Triosephosphate isomerase deficiency Protein-calorie malnutrition

Fucosidosis type 1 Psychosocial failure to thrive

Autonomic dysfunction Environmental deprivation

Sweat chloride may be decreased by:

Fludrocortisone Oedema