

**FORM F [See Proviso to section 4(3), Rule 9(4) and Rule 10(1A)] FORM FOR
MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC
TEST/PROCEDURE BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING
CENTRE**

Section A : To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre:

Patel Nursing Home, Vijaypura, Hambala, near
Hambala station, Madhya Pradesh.

2. Registration No(Under PC & PNDT ACT, 1994) MR641212.

3. Patient's Name Mrs. Kavita Sachin More Age 28

4. Total Number of Living children: 2

(a) Number of Living sons with age of each living son(in years or months):
— — —

(b) Number of living Daughters with age of each living daughter (in years of months):

2 — (3 yrs & 9 months) twins.

5. Husband's /wife's /Father's /Mother's Name :

Sachin More

6. Full postal address of the patient's with Contact Number, if any 103, Nivek
Apartment, B wing, Maubate-kankal, Khednagar
Hambala Madhya Pradesh.

7.(a) Referred by (Full Name and address of Doctor(s) /Genetic counselling Centre) :

Dr. Asha Gole, Vijaypura, Hambala

(Referral slips to be preserved carefully with Form F)

(b) Self- Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures: _____ (Referral note with indications case papers of the patients to be preserved with Form F) (Self-referral does not mean a client coming to a clinic and requesting for the test or the relatives requesting for the test of pregnant woman)

8. Last menstrual period /weeks of pregnancy 4 months

Section B : To be filled in for performing non-invasive diagnostic Procedures/ Tests only)

9. Name of the doctor performing the procedure/s:

Dr. M. R. Patel

10. Indication/s for diagnosis procedure Regular checkup (specify)
with reference to the request made in the referral slip or in a self-referral note)
(Ultrasonography parental diagnosis during pregnancy should only be performed when indicated.)

The following is the representative list of indication for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)

- i. To diagnose intra-uterine and/or ectopic pregnancy- and confirm viability
- ii. Estimation of gestational age (dating). ✓
- iii. Detection of number of fetuses and their chorionicity.
- iv. Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP
- v. Vaginal bleeding/leaking.
- vi. Follow-up of cases of abortion.
- vii. Assessment of cervical canal and diameter of internal os.
- viii. Discrepancy between uterine size and period of amenorrhea.
- ix. Any suspected adnexal or uterine pathology/abnormality.
- x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
- xi. To evaluate fetal presentation and position.
- xii. Assessment of liquor amnii.
- xiii. Preterm labor / preterm premature rupture of membranes.
- xiv. Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.).
- xv. Evaluation of umbilical cord – presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
- xvi. Evaluation of previous Caesarean Section scars.
- xvii. Evaluation of fetal growth parameters, fetal weight and fetal well being.
- xviii. Color flow mapping and duplex Doppler studies.
- xix. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
- xx. Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine -infusion, placement of shunts etc.
- xxi. Observation of intra-partum events.
- xxii. Medical/surgical conditions complicating pregnancy.
- xxiii. Research/scientific studies in recognized institutions.

11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)

- i. Ultrasound (Important Note: Ultrasound is not indicated/advised/performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)

- ii. Any other (specify) _____
12. Date on which declaration of pregnant woman/ person was obtained : 12/7/18
13. Date on which procedures carried out: 12/7/18
14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out) Normal
15. The result of pre-natal diagnostic procedures was conveyed to _____ on _____
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests _____

Date: 12/7/18
Gynaecologist

Patel
DR. M. R. Patel
Reg No. MR 641212
Name, Sign and Registration Number with Seal of the



Place: Jaypura Radiologist /Registered Medical Practitioner performing Diagnostic Procedure/s.

SECTION C: To be filled for performing invasive Procedures/ Tests only

17. Name of the doctor/s performing the procedure/s: _____

18. History of genetic/medical disease in the family (specify): _____

Basis of diagnosis ("Tick" on appropriate basis of diagnosis):

- (a) Clinical (b) Bio-chemical
(c) Cytogenetic (d) other (e.g. radiological, ultrasonography etc.- specify)

19. Indication/s for the diagnosis procedure ("Tick" on appropriate indication/s):

A. Previous child/children with:

- (i) Chromosomal disorders (ii) Metabolic disorders
(iii) Congenital anomaly (iv) Mental Disability
(v) Haemoglobinopathy (vi) Sex linked disorders

- (vii) Single gene disorder _____ (viii) Any other (specify) _____
- B. Advanced maternal age (35 years)
- C. Mother/father/sibling has genetic disease (specify) _____
- D. Other (specify) _____
20. Date on which consent of pregnant woman / person was obtained in Form G prescribed in PC&PNDT Act, 1994: _____
21. Invasive procedures carried out ("Tick" on appropriate indication/s)
- i. Amniocentesis _____ ii. Chorionic Villi aspiration _____
- iii. Fetal biopsy _____ iv. Cordocentesis _____
- v. Any other (specify) _____
22. Any complication/s of invasive procedure(specify) _____
23. Additional tests recommended (Please mention if applicable)
- (i) Chromosomal studies _____ (ii) Biochemical studies _____
- (iii) Molecular studies _____ (iv) Pre-implantation gender diagnosis _____
- (v) Any other (specify) _____
24. Result of the Procedures/ Tests carried out (report in brief of the invasive tests/ procedures carried out) _____
25. Date on which procedures carried out: _____
26. The result of pre-natal diagnostic procedures was conveyed to _____ on _____
27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests _____

Date:

Name, Signature and Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
performing Diagnostic Procedure/s

Place:

SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/ PROCEDURE

I, Mrs./Mr. Kavita Sachin More declare that by undergoing _____ Prenatal Diagnostic Test/ Procedure. I do not want to know the sex of my foetus.

Date: 12.07.2018 Signature/Thump impression of the person undergoing the Prenatal Diagnostic Test/ Procedure K More

In Case of thumb Impression:

Identified by (Name) _____ Age: _____ Sex: _____

Relation (if any): _____

Address & Contact No.: _____

Signature of a person attesting thumb impression: _____ Date: _____

DECLARATION OF DOCTOR/ PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST I, Dr. Patel (name of the person conducting ultrasonography / image scanning) declares that the while conducting ultrasonography /image scanning on Ms/Mr Kavita Sachin More (name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test), I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Date: 12.07.2018 Signature: Patel



Dr. M R PATEL
Reg No. MR641212
Name in Capitals, Registration Number with Seal of the Gynaecologist/Radiologist/Registered Medical Practitioner Conducting Diagnostic procedure.