[Form F]

[See Provison 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	VARDAAN DIAGNOSTICS / 538 Ka/169,Welcome House,Mausa Bagh Colony Ahibaranpur Sitapur Road,Lucknow.
2. Registration No. (Under PC & PNDT Act, 1994)	PNDT/AUTH/457/2013
3. Patient's name and her age	Mrs. AQSHA / Age: 22 Yrs
4. Total Number of living children	NO
(a) Number of living Sons with age of each living son (in years or months)	NO
(b) Number of living Daughters with age of each living daughter (in years or months)	NO
5. Husband's /Wife's/ Father's / Mother's Name	MR. UMAIR KHAN
6. Full postal address of the patient with Contact Number, if any	MANAS HOSPITAL MOMIN NAGAR LKO UP 8858787879
7. (a) Referred by (Full name and address of Doctor(s) / Genetic Counselling Centre)	GEETA DWIVEDI;B-25,SECTOR-C,NEAR POST OFFICE (NEHRU BAL VATIKA) ALIGANJ, LUCKNOW LUCKNOW
(b) Self-Referral by Gynecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures (Referral note with indications and case papers of the patient to be preserved with Form F) (Self-referral does not mean a client coming to a clinic and requesting for the test or the relative/s requesting for the test of a pregnant woman)	
8. Last menstrual period or weeks of pregnancy	11/01/2023 / 7 Weeks, 4 Days

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

9. Name of the doctor performing the procedure/s	Dr. MAMTA GAUR
10. Indication/s for diagnosis procedure (Specify with reference to the request made in the referral slip or in a self -referral note) (Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated.The following is the representative list of indications for ultrasound during pregnancy. (Put a Tick against the appropriate indication /s for ultrasound)	NA
(i) To diagnose intra-uterine and/or ectopic pregnancy and confirm viability	NA
(ii) Estimation of gestational age (dating)	NA
(iii) Detection of number of fetuses and their chronicity	NA
(iv) Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure	NA
(v) Vaginal bleeding/leaking	NA
(vi) Follow-up of cases of abortion	NA
(vii) Assessment of cervical canal and diameter of internal os	NA
(viii) Discrepancy between uterine size and period of amenorrhea	NA
(ix) Any suspected adnexal or uterine pathology/abnormality	NA
(x) Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up	NA
(xi) To evaluate fetal presentation and position	NA
(xii) Assessment of liquor amnii	NA
(xiii) Preterm labor / preterm premature rupture of membranes	NA
(xiv) Evaluation of placental position, thickness, grading and abnormalities (Placenta Previa, retro Placental hemorrhage, abnormal adherence etc.)	NA
(xv) Evaluation of umbilical cord - presentation, insertion,nuchal encirclement, number of vessels and presence of true knot	NA
(xvi) Evaluation of previous Caesarean Section scars	NA
(xvii) Evaluation of fetal growth parameters, fetal weight and fetal wellbeing	NA
(xviii) Color flow mapping and duplex Doppler studies	NA
(xix) Ultrasound guided procedures such as medical termination of pregnancy , external cephalic version etc. and their follow-up	NA
(xx) Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS) ,amniocenteses, fetal blood sampling,	NA

Contd.....

fetal skin biopsy, amino-infusion, intrauterine infusion, placement of shunts etc

(xxi) Observation of intra-partum events — NA
(xxii) Medical/surgical conditions complicating pregnancy — NA
(xxiii) Research/scientific studies in recognized institutions — NA

11. Procedures carried out (Non-Invasive)(Put a Tick on the appropriate proce.) — NA
(i) Ultrasound — NA
(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) — NA

12. Date on which declaration of pregnant woman person was obtained — 05/03/2023NA

13. Date on which procedures carried out

14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out) — NA

15. The result of pre-natal diagnostic procedures was conveyed to — on 05/03/2023

16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests

(DR. MAMTA GAUR)

Date : 05/03/2023
Place :

Name, Signature and Registration Number with Seal of the Gynaecologist / 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) — NA
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 Retardation
(v) Haemoglobinopathy (vi) Sex - linked disorders (vii) Single gene disorder (viii) Any other (specify)
(B) Advanced maternal Age(35 Years) — NA
(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 — NA
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 — NA
26. The result of pre-natal diagnostic procedures was conveyed to — MR. UMAIR KHAN on NA
27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests — NA

Date : NA
Place : NA

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

SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/ PROCEDURE

I, Mrs. AQSHA declare that by undergoing Prenatal Diagnostic Test/ Procedure .I do not want to know the sex of my foetus.

Date : 05/03/2023

Signature/Thump impression of the person undergoing the Prenatal Diagnostic Test/ Procedure

Contd.....

In Case of thumb Impression

Identified by (Name) :

Relation (if any):

Address & Contact No.: ;;

Date 05/03/2023

Age : 0 Sex :

Signature of a person attesting thumb impression:

DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

I, Dr. MAMTA GAUR (name of the person conducting ultrasonography / image scanning) declare that while conducting ultrasonography / image scanning of Mrs. AQSHA (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 any body in any manner.

Date : 05/03/2023

Signature

(DR. MAMTA GAUR)

Name in Capitals, Registration Number with Seal of the Gynaecologist / Radiologist / Registered Medical Practitioner Conducting Diagnostic procedure