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| MMDM. (1352) 1000-12-14 | | | | | | | |  | | | | | | | | Health/PCPNDT | | |  | | |  | |  | | | | | | | | | | | |
|  | **PRECONCEPTION AND PRENATAL DIAGNOSTIC TECHNIQUES** | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
|  | **(PROHIBITION OF SEX SELECTION) ACT, 1994 Amended 2003** | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| **Monthly Reporting format for Genetic Counselling center / Laboratory / Clinic / Combined** | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Month : …………………………………… Year:………………. | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |
| Name of the Genetic Counseling Centre / Laboratory / Clinic : …………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration No. : | | | | | | | |  | | |  | | | | | | | |  | | |  | |  | | | | | | | | | | | |
| Name of Director / Doctor :…………………………………………….... | | | | | | | | | | | ..…………………………………………………... | | | | | | | |  | | |  | |  | | | | | | | | | | | |
| 1. Total No. of Patients :…………………………………….......... | | | | | | | | | | |  | | | | | | | |  | | |  | |  | | | | | | | | | | | |
|  | | From Maharashtra | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | From other States | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
| 2. Issue wise Break up the patients : | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | O issue | | |  | | | | | | 2 or 2 + Males | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | Only 1 Male | | |  | | | | | | 2 or 2 + Females | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | Only 1 Female | | |  | | | | | | Other | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | |  | | |  | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
| 3. Age-wise Breakup of the patients : | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | Less than 18 years | | | |  | | | | | 30-35 Years | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | 18-30 Years | | | |  | | | | | Above 35 Years | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
| 4. Indicators of Prenatal Diagnosis : | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | Sr.No | Type of Indication | | | | | | | | During the Month | | | | Progressive | | |  | | |  | | | | | | | | | | | | | |
|  | | A | PREVIOUS CHILD WITH | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | I | Chromosomal disorder | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | II | Metabolic disorder | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | III | Congenital anomaly | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | IV | Mental retardation | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | V | Haemoglobinopathy | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | VI | Sex linked disorder | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | VII | Malformation (specify) | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | VIII | Hereditary hemolytic anaemia | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | IX | Any other | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | B | ADVANCED METERNAL AGE | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | C | Genetic disease in Father/ sibling | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | D | Other | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | |  |  | | | | | | | |  | | | | P.T.O. | | |  | | |  | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | **(2)** | | | |  | | |  | | |  | | | | | | | | | | | | | |
| 5. Procedures Advised / Carried Out : | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | |
|  | | Sr.No | | Type of Indication | | | | | During the Month Advised/ Carried Out | | | | Progressive Advised / Carried Out | | | | |  | | | | | | | | | |  | | | | |
|  | | I | | Ultrasound | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | II | | Aminocentesis | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | III | | Chorionic Villi Biopsy | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | IV | | Foetoscopy | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | V | | Foetal skin or organ biopsy | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | VI | | Cardocentesis | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  | | VII | | Other | | | | |  | | | |  | | | | |  | | | | | | | | | |  | | | | |
| 6. Laboratory tests Advised / Carried Out | | | | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | |
|  | | Sr.No | Type of Indication | | | | | | | During the Month Advised/ Carried Out | | | Progressive Advised / Carried Out | | | | |  | | | | | | | | |  | | | |
|  | | I | Chromosomal Studies | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | |
|  | | II | Bio-chemical Studies | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | |
|  | | III | Molecular Studies | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | |
| 7. Results of Prenatal Diagnosis : | | | | | | | | | |  | | |  | | | | |  | | | | | | | | |  | | | |
| Normal | | | | | | | | Abnormal | |  | | | Total | | | | |  | | | | | | | | |  | | | |
|  |  | | | | | | |  | |  | | |  | | | | |  | | | | | | | | |  | | | |
| 8. Duration of Pregnancy 1. Less than 12 weeks | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | |
|  |  | | | | | | 2. 12-24 weeks | | | | | | | | |  | | | |  | | |  | | | | | | | | |  | |
|  |  | | | | | | 3. More than 24 weeks | | | | | | |  | | |  | | | | | | | | | |  | | | |
|  |  | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
| 9. M.T.P. | | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
|  | | Advised / done | | | | | Before 12 weeks | | | | | After 12 weeks | | | Total | |  | | | | | | | | | |  | | | |
|  | | 1. No. Advised | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
|  | | 2. No. of MTPs done | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
|  | |  | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
| Signature | | | | | | |  | | | | |  | | |  | |  | | | | | | | | | |  | | | |
| Name of the Genetic Counseling Centre / Laboratory / Clinic , Incharge ……………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address :…………………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number :………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail address : ………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \* Strike out if not applicable | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | | | | | | | | | | |
| \* Information to be filled in carefully and accurately | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | |
| \* Form to be submitted to Dist./ Corp. appropriate authority at the end of each Month | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| \* Progressive from 1st April, 20. | | | | | | | | | | | | | | | |  | | |  | | |  | |  | | | | | | | | | | | |
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