

FORM F

[See Proviso to section 4(3), Rule 9(4) and Rule 10(1A)]

Reg. No: 0116A079
VIJAYA DIAGNOSTIC CENTRE
 1-58, Anurutha Business Complex,
 Opp. Lal Banglow, Ameerpet,
 Hyderabad - 500 016.

**FORM F OR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST/PROCEDURE
 BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE**

Regno-

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

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre: Vijaya Di
2. Registration No(Under PC & PNDT ACT, 1994): 0116A079
3. Patient's Name: M. Bhagavathgeetha Age: 25
4. Total Number of Living children: 0
 - (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 or months):
5. Husband's /wife's /Father's /Mother's Name: Raju
6. Full postal address of the patient's with Contact Number, if any: Gajwel, Siddipet 8885040962
7. (a) Referred by (Full Name and address of Doctor(s) /Genetic counselling Centre): Dr. Manjula Gajwel
Siddipet dist (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: 11/27/11/24

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

9. Name of the doctor performing the procedure/s: Dr. F. Sai
10. Indication/s for diagnosis procedure: DPLF
 (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 adenexal 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 amni. 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): NA
12. Date on which declaration of pregnant woman/ person was obtained: 16/8/25
13. Date on which procedures carried out: 16/8/25
14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out): Dehiled Report is attached
15. The result of pre-natal diagnostic procedures was conveyed to Bhagavathgeetha on 16/8/25

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

Date: 16/8/25
Place: AMPT

Name, Sign and Registration Number with Seal of the Gynaecologist Place:
/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:.....Basis of diagnosis
18. History of genetic/medical disease in the family (specify):.....
("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 toon.....
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

SECTION D: Declaration

**DECLARATION OF THE PERSON UNDERGOING
PRENATAL DIAGNOSTIC TEST/ PROCEDURE**

I, Mrs./Mr. Blagavathi declare that by
undergoing 16/8/25 Prenatal Diagnostic Test/ Procedure. I do not want to
know the sex of my foetus.

Date:

16/8/25

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

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. K. Sai (name of the person
conducting ultrasonography / image scanning) declares that the while conducting ultrasonography /image scanning
on Ms/Mr. Blagavathi (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:

16/8/25

Signature:

Dr. K. Sai (Name in Capitals, Registration Number with Seal of the
Gynaecologist/Radiologist/Registered Medical Practitioner
Conducting Diagnostic procedure.

1st place:
re/s.

VIJAYA Diagnostic Centre Ltd.

(The Pioneers in Diagnostic Medicare..)

Ground Floor, Amrutha Business Complex, Divyashakti
Apartments, Ameerpet, Hyderabad, Telangana, 500016

e-mail : info@vijayadiagnostic.com
Helpline : 9240222222

GSTIN NO : 36AABCV5096R1ZG
BILL OF SUPPLY, SAC CODE : 999316
Service : Lab & Diagnostic Services



Name : Mrs. BHAGAVATHGEETHA MADHIRA
- [14-Feb-2000]

Reg.No : 250140050631

Gender : Female Age : 25 Yrs

Date : 16/08/2025 Contact No : 9848927404

Email :

Ref. By : Dr. MANJULA

UHID : 6447652

Investigation	Amount
1 DOPPLER-PLACENTAL/FOETAL	2000.00
* 16/08/2025 16:30	

Gross Bill Amount	:	2000.00
Net Amount	:	2000.00
Paid Amount	:	2000.00
Balance	:	0.00

- * Indicates expected report ready time.
- * TAT starts from procedure completion time.

Receipt Date	Amount	Mode	Received By
16/08/2025 12:02	2000.00	Cash	107144

To view the reports on Web, please login with
your registered mobile number at
www.vijayadiagnostic.com

Terms and Conditions Over Leaf

Ameerpet - 14 / 12:02 / (107144) PILLI PRAVALIKA

For VIJAYA DIAGNOSTIC CENTRE LIMITED
Please bring this slip for collecting the report

[Token No :]

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Smt. Bangavathi gachha Village Gajul Age: 26 Sex: F Date: 6/5/25
 74kg BP: 120/70 SpO₂: 90% PR: 99% Temp: (N)
 Hypertension Diabetes / Hypothyroid / PTB / APD / Allergic to : 24/7/25

Primi

HB: 12.0
 RBC: 4.22
 WBC: 13.180
 PIC: 2.18
 AB+ve

→ 1 1/2 year.

P/A uterus 22-24w
 PP④

P - 27/11/24

DD - 4/9/25

Natural Fetus good
 Conception

G. mablis
 ON (30)

DD - 1/9/25

- NCM

- Tab. Calisom
 OM (30)

- No medical & Surgical
 history

- Tab. Euploplex
 OA (30)

TSR, RBP
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- Tab. pantop
 O O (10)

- Sgl. whitec wanted

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Endo - EICF

TSR - TAPPA - (N)

శ్రీనివాస దంత వైద్యశాల

Sridhar Dentist | Facial Surgeon | Implantologist

ఇంటి నెం. 11-88/2/1, 2 & 3 లక్ష్మీ శ్రీనివాస దంత వైద్యశాల
 భారత్ పెట్రోల్ పంప్ వెనుక, ప్రజ్ఞాపూర్ రోడ్, గజ్జేట్.
 78010 27286