

PCPNDT Inspection Report (CHFW)

Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal

1.

Facility Name :

Address :

Phone :

Email :

Yes

2.

Applicant Name :

Qualification :

Address :

Phone

Email :

Yes

A. PLACE

A room with an area of seven (7) square meters.

Yes

B. EQUIPMENT

Educational charts / models

Yes

C. EMPLOYEES

Any one of the following:

1) Medical Geneticist

Yes

2) Gynaecologist with 6 months experience, in genetic counselling or having completed 4 weeks training in genetic counselling

Yes

3) Paediatrician with 6 months experience in genetic counselling or having completed 4 weeks training in genetic counselling

Yes

D.

a) Maintenance of Form F.

Yes

b)PC&PNDT Record maintenance Register

Yes

c)Filling of IT Returns

Yes

E.

In view of the inspection obtained in the check-list it is recommended / not recommended that the registration / renewal to the facility of the applicant be granted

Yes

GENETIC LABORATORY

1. Name,Address,Contact Number and Email-ID of the Hospital/Nursing Home/Clinic/Diagnostic Centre

Yes

2. Name,Qualification,Address,Contact Number and Email-ID of the Owner

Yes

Whether a Medical Geneticist and a Laboratory technician having a B.SC. degree in Boological Science or a degree or a Diploma in Medical Laboratory course with at least one year experience in conducting appropriate pre-natal diagnostic test

Yes

A. Place:

A Room with adequate space for carrying out test

B. Equipment:**Chromosomal Studies:**

1) Laminar flow-hood with ultraviolet and fluorescent light or orther suitable cluture hood

Yes

2) Photo Microscope with fluorescent source of flight

Yes

3) Inverted microscope

Yes

4) Incubator and Oven

Yes

5) Carbon-di-oxide incubator or closed system with 5% CO₂ atmosphere

Yes

6) Autoclave

Yes

7) Refrigerator

Yes

8) Water-bath

Yes

9) Centrifuge

Yes

10) Vortex Mixer

Yes

11) Magnetic Stirrer

Yes

12) pH Meter

Yes

13) A sensitive blance with sensitivity of 0.1 mgs

Yes

14) Double distillation apparatus

Yes

Bio-chemicals Studies:

1) Laminar flow-hood with ultraviolet and fluorescent light or orther suitable cluture hood

Yes

2) Inverted microscope

Yes

3) Incubator and Oven

Yes

4) Carbon-di-oxide incubator or closed system with 5% CO₂ atmosphere

Yes

5) Autoclave

Yes

6) Refrigerator

Yes

7) Water-bath

8) Centrifuge

Yes

9) Electrophorosis Apparatus and Power supply

Yes

10) Chromatography chamber

Yes

11) Spectro photometer and Elisa reader

Yes

12) Vortex Mixer	Yes
13) Magnetic StirrerA sensitive balance with sensitivity of 0.1 mgs	Yes
14) pH MeterDouble distillation apparatus	Yes
15) A sensitive balance with sensitivity of 0.1 mgs	Yes
16) Double distillation apparatus	Yes
17) Liquid nitrogen tank	Yes

Molecular Studies:

1) Inverted microscope	Yes
2) Incubator	Yes
3) Oven	Yes
4) Autoclave	Yes
5) Refrigerators(4 degree and minus 20 degree Centigrade)	Yes
6) Water-bath	Yes
7) Refrigerator	Yes
8) Electrophoresis Apparatus and Power supply	Yes
9) Vortex Mixer	Yes
10) Magnetic Stirrer	Yes
11) pH Meter	Yes
12) A sensitive balance with sensitivity of 0.1 milligrams	Yes
13) Double distillation apparatus	Yes
14) PCR machine	Yes
15) Refrigerated Centrifuge	Yes
16) U.V Illuminator with photographic attachment or other documentation system	Yes
17) Precision micropipettes	Yes

C. Employees:

1) A Medical Geneticist	Yes
2) A Laboratory technician having a B.SC. degree in Biological Science or a degree or a Diploma in Medical Laboratory course with at least one year experience in conducting appropriate pre-natal diagnostic test	Yes

D

a) Maintenance of form F	Yes
b) PC&PNDT Record maintenance Register	Yes
c) Filing of IT Returns	Yes

E

In View of Inspection obtained in the check-list it is recommended/not recommended that the registration/Renewal to the facility of the applicant be granted	Yes
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