PCPNDT Inspection Report (CHFW)

Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal	
1. Facility Name: Address: Phone: Email:	V
2. Applicant Name: Qualification: Address: Phone Email:	Yes
A. PLACE	Yes
A room with an area of seven (7) square meters. B. EQUIPMENT	Yes
Educational charts / models	
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 Yes
n.	Yes
a) Maintenance of Form F.	Yes
b)PC&PNDT Record maintenance Register	
c)Filling of IT Returns	Yes
E.	Yes
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	3 7
2. Name, Qualification, Address, Contact Number and Email-ID of the Owner	Yes 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:	

Yes

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 7) Water-bath Yes 8) Centrifuge Yes 9) Electrophorosis Apparatus and Power supply Yes 10) Chromatography chamber Yes 11) Spectro photometer and Elisa reader Yes

12) Vortex Mixer

14) pH MeterDouble distillation apparatus	13) Magnetic StirrerA sensitive blance with sensitivity of 0.1 mgs	Yes
15 A sensitive blance with sensitivity of 0.1 mgs		Yes
16) Double distillation apparatus		Yes
17 Liquid nitrogen tank		Yes
Molecular Studies: 1) Inverted microscope 2) Incubator 3) Oven 4) Autoclave 5) Refrigerators(4 degree and minus 20 degree Centigrade) 6) Water-bath 7) Refrigerators 8) Electrophorosis Apparatus and Power supply 9) Vortex Mixer 10) Magnetic Stirrer 11) pH Meter 11) pH Meter 12) A sensitive blance with sensitivity of 0.1 milligrams 13) Double distillation apparatus 14) PCR matchine 15) Refrigerated Centrifuge 17) Refrigerated Centrifuge 17) Precision micropipettes 17) Precision micropipettes 18) A Medical Geneficist 19 A Abboratory technician having a B.S.C. 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
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2) 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	1) A Medical Geneticist	Yes
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	appropriate pre main anglicone to a continue in continue in president president anglicone test	Yes

D	
a) Maintenance of form F	Vac
b) PC&PNDT Record maintenance Register	Yes
c) Filing of IT Returns	Yes
	Yes
${f E}$	
In View of Inspection obtained in the check-list it is recommended/not recommended that the registration/Re of the applicant be granted	newal to the facility
	Yes