

PCPNDT Inspection Report (CHFW)

Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal

1.

Facility Name :

Blaze Callahan

Address :

38,Addison Heath,Amberpet Sufekhas,Amberpet,Hyderabad

Phone :

1231231232

Email :

fytih@yahoo.com

Yes

2.

Applicant Name :

Blaze Callahan

Qualification :

Address :

771Raphael GayBanda PothugalChilipiched Medak

Phone

Email :

Yes

A. PLACE

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

Yes

B. EQUIPMENT

Educational charts / models

SL NO

Name

SerialNumber

Model

Make

1

asd

asdf

fasdf

asdf

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

Yes

SL NO

Name

Designation

Experience

Registration
Number

1

asdf

DepartmentAdmin 2Year(s),2Months,2Days

asdf

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

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
3. Qualification of Radiologist/Gynecologist	Yes
A. Place:	
A Room with an Area Of 20sq. meters with appropriate aseptic arrangements	Yes
B. Equipment:	
1) Equipment and accessories necessary for carrying out clinical examination by an obstetrician/Gynecologist	Yes
2) Equipment,accessories necessary for other facilities required for operations envisaged in the Act	Yes
a) An Ultra Sonography machine	Yes
b) Appropriate cathethers and equipment for carrying out chrionic cilli aspirations per vagina or per abdomen	Yes
c) Appropriate sterile needles for amniocentesis or cordocentesis	Yes
d) A suitable foetoscope with an appropriate accessories for foetoscopy,foetal skin or organ biopsy or foetal blood sampling shall be optional	Yes
3) Equipment for dry and wet Sterilization	Yes
4) Equipment for carrying out emergency procedures such as evacuation of uterus or resuscitation in case of need	Yes
C. Employees	
1) A Gynaecologist with adequate experience in prenatal diagnostic procedures	Yes
2) A Raiologist or Registered medical Practitioner for carrying out ultrasonography. The required experience shall be 100 cases under supervision of a qualifies person experienced in these techniques	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