

# PCPNDT Inspection Report (CHFV)

## 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

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

Yes

## 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) Electrophoresis Apparatus and Power supply	Yes
10) Chromatography chamber	Yes
11) Spectro photometer and Elisa reader	Yes
12) Vortex Mixer	Yes

13) Magnetic Stirrer	A sensitive balance with sensitivity of 0.1 mg	Yes
14) pH Meter	Double distillation apparatus	Yes
15) A sensitive balance with sensitivity of 0.1 mg		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