

# PCPNDT Inspection Report (CHFW)

## Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal

1.

Facility Name :

Aretha Mcclure

Address :

235,Reagan Cleveland,Kulsumpura,Asifnagar,Hyderabad

Phone :

1231231232

Email :

duwer@yahoo.com

Yes

2.

Applicant Name :

Aretha Mcclure

Qualification :

Address :

287Rylee NobleB.K.GudaAmeerpetHyderabad

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

adsfdf

adf

asdf

adsf

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

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 CLINIC

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

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

Yes

3. Qualification of Radiologist/Gynecologist

Yes

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