

# PCPNDT Inspection Report (CHFW)

## Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal

1.

Facility Name :

asdf

Address :

asdf,asdf,B.K.Guda,Ameerpet,Hyderabad

Phone :

1231231231

Email :

raj@gmail.com

Yes

2.

Applicant Name :

asdf

Qualification :

Address :

asdfsdfB.J.R NagarAmeerpetHyderabad

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

asdf

asdf

asdf

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

Chandhu

first  
desgination

2Year(s),4Months,20Days

75895

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 |
| 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 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 orther documentation system	Yes
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17) Precision micropipettes	Yes
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**C. Employees:**

1) A Medical Geneticist	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	Yes
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**D**

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