

PCPNDT Inspection Report (CHFW)

Application No

Check List For Verification Of Genetic Counselling Centre Fresh / Renewal

1.

Facility Name :

Chase Wynn

Address :

329,Piper Murphy,Ameerpet,Ameerpet,Hyderabad

Phone :

1231231232

Email :

kemavu@yahoo.com

Yes

2.

Applicant Name :

Chase Wynn

Qualification :

Address :

93Abraham DelacruzBhadrachalamBhadrachalamBhadradi

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

asd

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

DM&HO

2Year(s),23Months,3Days

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 | No |
| 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 |