

Model “F” Form

[From F]

[See proviso to section 4(3), rule 10(1-a)]

FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL

DIAGNOSTIC TEST/PROCEDURE BY GENETIC CLINIC/ULTRASOUND

CLINIC/IMAGING CENTER

Section A: To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of Genetic Clinic/ ultrasound clinic/imaging center :- *Nityasewa Hospital, opposite Shivaji statue, Jintur Dist – Parbhani.*
2. Registration No. (Under PC & PNDT Act, 1994 :- *USG /PCS/29/2012*
3. Patient’s name :- *Mrs. Sunita Ramdas Kadam* Age :- *22Yrs*
4. Total Number of living children :- *2*
 - a) Number of living Sons with age of each living son (in year or months) :- *One Age 5 Yrs.*
 - b) Number of living Daughters with age of each living daughter (in year or months) :- *One 2 Yrs.*
5. Husband’s / Wife’s / Father’s / Mother’s Name :- *Ramdas Chandrakant Kadam.*
6. Full postal address of the patient with Contact Number, if any :- *Sadashiv Nagar House No-111, Basmat Dist-Parbhani. Mob :- 9033392570.*

7. (a) Referred by (Full name and address of Doctors(s)/ Genetics Counseling Center :- **Dr. Kanchan Keshav Sadaphule, main Road, Basmat Dist – Parbhani.**

(Referral slips to be preserved carefully with Form F)

(b) Self Referral by Gynaecologist/Radiologist/Registered Medical Practitioner Conducting the diagnostic procedures :- **Not Applicable.**

(Referral note with indications and case papers of the patient to be preserved with Form F)

(Self-referral does not mean a client coming to a clinic and requesting for the test or the relative/s requesting for the test of a pregnant woman)

8. Last menstrual period or weeks of pregnancy :- **22/03/2016**
12 wks.

Section B: To be filled in for performing non-invasive diagnostic

Procedures/ Tests only

9. Name of the doctors performing the procedure /s :- **Dr. Kunal Prabhakar Joshi.**

10. Indications/s for diagnosis procedure.....
(Specify with reference to the request made in the referral slip or in a self-referral note)

(Ultrasonography prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indication for ultrasound during pregnancy. *(Put a “Tick” against the appropriate indication/s for ultrasound)*

i. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.

- ii. Estimation of gestation age (dating).
- iii. Detection of number of fetuses and their chorionicity.
- iv. Suspected pregnancy with IUCD in situ or suspected pregnancy following contraceptive failure/ MTP failure.
- v. Vaginal bleeding/ leaking.
- vi. Follow-up of cases of abortion.
- vii. Assessment of cervical canal and diameter of internal os.
- viii. Discrepancy between uterine size and period of amenorrhea.
- ix. Any suspected adenexal or uterine pathology/abnormality.
- x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
- xi. To evaluate fetal presentation and position.
- xii. Assessment of liquor amnii.
- xiii. Pre-term labor / pre-term premature rupture of membranes
- xiv. Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.)
- xv. Evaluation of umbilical cord- presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
- xvi. Evaluation of previous Caesarean Section scars.
- xvii. Evaluation of fetal growth parameters, fetal weight and fetal well being.
- xviii. Color flow mapping and duplex Doppler studies.
- xix. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc and their follow-up.
- xx. Adjunct to diagnostics and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts, etc.

- xxi. Observation of intra-partum events.
- xxii. Medical/surgical conditions complicating pregnancy.
- xxiii. Research/scientific studies in recognized institutions.

11. Procedures carried out (Non-Invasive) (put a "Tick" on the appropriate procedure)

i. Ultrasound

(Important Note—Ultrasound is not indicated/advised/performed to determine the sex of fetus except for diagnosis of sex linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)

ii. Any other (specify) :- *No*

12. Date on which declaration of pregnant woman/ person was obtained :- *13/06/2016*.

13. Date on which procedures carried out :- *13/06/2016*.

14. Result of the non-invasive procedure carried out (report in brief of the test including ultrasound carried out) :- *Single Intra- uterine foetus. No abnormalities detected.*

15. The result of pre-natal diagnostic procedures was conveyed to :- *Sunita and Ramdas Kadam.* on :- *13/06/2016*.

16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests :- *No Indication.*

Date :- *13/06/2016*.

Place :- *Jintur , Parbhani*

□ □ □ □

(Dr. Kunal Prabhakar Joshi. Reg No. 6235/1994)

Name, Signature and Registration Number
With seal of the Gynaecologist/Radiologist/
Registered Medical Practitioner performing
Diagnostics Procedure/s

**Section C : To be filled for performing invasive Procedures/
Tests only**

17. Name of the doctor/s performing the procedure/s :

Dr. Kunal Prabhakar Joshi

18. History of genetic/medical disease in the family

(specify).....

Basis of diagnosis ("Tick on appropriate basis of diagnosis):

- (a) Clinical (b) Bio-chemical
(c) (C) Cytogenetic (d) Other (e.g., radiological,
ultrasonography etc.-specify)

19. Indication/s for the diagnosis procedure ("Tick " on
appropriate indication/s):

A. Previous child/children with:

- (i) Chromosomal disorders (ii) Metabolic disorders
(iii) Congenital anomaly (iv) Mental Disability
(v) Haemoglobinopathy (vi) Sex linked disorders
(vii) Single gene disorder (viii) Any other (specify)

B. Advance maternal age (35 years)

C. Mother/father/sibling has genetic disease (specify) :-

Not applicable.

D. Other (specify) :- *Not applicable.*

20. Date on which consent of pregnant women/ person was
obtained in Form G prescribed in PC&PNDT Act 1994

13/06/2016.

21. Invasive procedure carried out ("Tick " on appropriate
indication/s):

- i. Amniocentesis ii. Chorionic Villi aspiration
iii. Fetal biopsy iv. Cordocentesis
v. Any other (specify)

22. Any complication/s of invasive procedure (specify) :- *No.*

23. Additional testes recommended (please mention if applicable)
- i. Chromosomal studies
 - ii. Biochemical studies
 - iii. Molecular studies
 - iv. Pre-implantation gender diagnosis
 - v. Any other (specify)
24. Result of the Procedures/ Tests carried out (report in brief of the invasive tests procedures carried out) :- *No genetic abnormalities detected.*
25. Date on which procedures carried out :- *13/06/2016.*
26. The result of pre-natal diagnostics procedures was conveyed to:- *Sunita and Ramdas Kadam* on :- *13/06/2016.*
27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests :- *No.*

Date :- *13/06/2016.*

Place :- *Jintur , Parbhani*

□ □ □ □

(Dr. Kunal Prabhakar Joshi. Reg No. 6235/1994)

Name, Signature and Registration Number
With seal of the Gynaecologist/Radiologist/
Registered Medical Practitioner performing
Diagnostics Procedure/s

Section D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTICS TEST/PROCEDURE

I, Mrs./Mr :- Sunita Ramdas Kadam declare that by undergoing U.S.G.
Prenatal Diagnostics Test/ Procedure. I do not want to know the sex of my foetus.

Date :- 13/06/2016.

Place :- Jintur , Parbhani

(S. K. Kdam)

Signature/Thump impression of the person undergoing
The Prenatal Diagnostics Test/Procedure

In Case of thumb Impression:

Identified by (Name).....Age.....Sex.....

Relation(if any).....Address & Contact No.....

Signature of a person attesting thumb impression.....

Date

DECLARATION OF DOCTORS/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

I, Dr. Kunal Prabhakar Joshi. (name of the person conducting
ultrasonography/image scanning) declare that while conducting
ultrasonography/image scanning on Ms./Mr. Sunita Ramdas Kadam
(name of the pregnant women or the person undergoing pre natal diagnostic
procedure/test), I have neither detected nor disclosed the sex of her fetus to
anybody in any manner.

.....

Signature

Date :- 13/06/2016.

Place :- Jintur , Parbhani

(Dr. Kunal Prabhakar Joshi. Reg No.
6235/1994)

Name in Capitals, Registration Number
With Seal of the Gynaecologist/radiologist
/Registered Medical Practitioner Conducting
Diagnostics procedure]