

Model F- form duly filled

FORM F

[See Proviso to section 4(3), Rule 9(4) and Rule 10(1A)]

FORM FOR MAINTENANCE OF RECORDS IN CASE OF A PREGNANT WOMAN BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name and address of Genetic Clinic*/Ultrasound Clinic*/Imaging Centre*:- Gadekar Hospital opposite Shivaji Statue, Vazirabad, Nanded-431601
 2. Registration No. :- USG/NWCMC/29/ Dt. 6.6.2010
 3. Patient's name and her age :- Mrs. Sunita Ramdas Jain, 21 Years.
 4. Number of children with sex of each child:- Male-0 Female-1
 5. Husband's/Father's name:- Mr. Ramdas Govind Jain
 6. Full address with Tel. No., if any:- Plot no.7 Sector no.5, Anandnagar, Latur Road, Nanded
Ph.No. 02462-222618, Mob. 9860440168
 7. Referred by (full name and address of Doctor(s)):- Dr. S. B. Naik, MBBS
Genetic Counseling Centre (Referral note to be preserved OM Hospital, carefully with case papers)/self referred Mukhed Road, Nanded
 8. Last menstrual period/weeks of pregnancy:- Date 7/8/2010/ 9 weeks
 9. History of genetic/medical disease in the family :- No
(specify)
- Basis of diagnosis:
- a. Clinical:- Not Applicable
 - b. Bio-chemical:- Not Applicable
 - c. Cytogenetic :- Not Applicable
 - d. Other (e.g. radiological, ultra sonography etc.-specify):- Not Applicable
10. Indication for pre-natal diagnosis
 - A. Previous child/children with:
 - i. Chromosomal disorders:- No
 - ii. Metabolic disorders :- No
 - iii. Congenital anomaly:- No
 - iv. Mental retardation:- No
 - v. Haemoglobinopathy:- No
 - vi. Sex-linked disorders :- No
 - vii. Single gene disorder:- No
 - viii. Any other (specify):- No
 - B. Advanced maternal age (35 years):- No
 - C. Mother/father/sibling has genetic disease (specify):- No
 - D. Other (specify):- to diagnose intra-uterine and/ or ectopic pregnancy and confirmation of viability
 11. Procedures carried out (with name and registration no. Dr. Mrs. Gayatri Shivram Gadekar of Gynaecologist/Radiologist/Registered Medical Practitioner) MBBS, MD (RADIOLOGY) who performed it. Reg.No. 63298
Non-Invasive

- i. Ultrasound (specify purpose for :- to diagnose intra-uterine and/ or which ultrasound is done during pregnancy) ectopic pregnancy and confirm viability
[List of indications for ultrasonography of pregnant women are given in the note below]

Invasive

- ii. Amniocentesis:- Not Applicable
iii. Chorionic Villi Aspiration:- Not Applicable
iv. Foetal biopsy:- Not Applicable
v. Cordocentesis:- Not Applicable
vi. Any other (specify)

12. Any complication of procedure – please specify:- No

13. Laboratory tests recommended

- i. Chromosomal studies:-
ii. Biochemical studies:-
iii. Molecular studies:-
iv. Pre-implantation gender diagnosis:-

14. Result of

- a. pre-natal diagnostic procedure
(give details) Not Applicable
b. Ultrasonography
(specify abnormality detected, if any). Normal/Abnormal:- Normal intra-uterine pregnancy

15. Date(s) on which procedures carried out. :- 12/10/2010

16. Date on which consent obtained. (In case of invasive) Not Applicable

17. The result of pre-natal diagnostic procedure were conveyed to patient on Date 12/10/2010

18. Was MTP advised/conducted? No

19. Date on which MTP carried out.:- Not Applicable

Date:- 12/10/2010

Place:- Vazirabad, Nanded

Strike out whichever is not applicable or necessary.

Dr. Mrs. Gayatri Shivram Gadekar, 63298 XXX

Name, Signature and Registration number of the
Gynecologist/Radiologist/Director of the Clinic

ALL NAMES AND ADDRESSES ARE FICTITIOUS ON THIS FORM AND ANY LIKELINESS IS INADVERTENT AND UNINTENTIONAL