[Form F]
[See Provison to Section 4(3), Rule 9(4) and Rule 10(1A)]
FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST /PROCEDURE BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

Section A:To be filled in for all Diagnostic Procedures/Test			
1. Name and address of Genetic Clinic/Ultrasound Clinic/ Imaging Centre			
Name :	SHREYASH HOSPITAL		
Address :	AT POST TAL PANVEL		
District:	Not Applicable	Tehsil :	Not Applicable
Village:	0	Pincode:	410206
Telephone:	22 27452139	Mobile:	2227452139
2. Clinic Registration No :	RGD/PAN/53		
3.Patient Name	sultani test singh		
Patient Age	34		
4.a. Number of living sons with age of each living son	1 Ages : 3 Year 1 Months		
4.b. Number of living Daughters with age of each living Daughter	0		
5.Husband's/Wife's/Father's/Mother's Name	test singh		
6.Full postal address of patient	sdfdhf		
Contact Number	9175184439		
7.(a) Referred By	**Referred by**		
Name of Doctor Referred by	MADHURI INAMDAR		
Name of Centre	Shreeyash Hospital		
Address of Doctor(s)/Genetic counseling centre	Sector-19 Cidco New Panvel		
8. Last menstrual period or weeks of pregnancy	Date: 01/03/2022 Weeks: 8		
Test to be conducted	**Non-Invasive**		

Section B : To be filled in for performing non-invasive diagnostic Procedures/Test only			
9. Name of the Doctor performing procedures	RAVINDRA M INAMDAR		
10. Indication/s for diagnosis procedure	To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.		
11. Procedure carried out(Non-Invasive)	Ultrasound		
Other Reason			
12. Date on which declaration of pregnant woman/ person was obtained	21/04/2022		
13. Date on which procedure carried out	21/04/2022		
14. Result of the non-invasive procedure carried out	testing		
15. The result of pre-natal diagnostic procedures was conveyed to	sultani singh	Date	01/04/2022
16. Any indication for MTP as per the abnormality detected in the diagnostic procedures/tests	No		
Date:21/04/2022			
Place :Panvel (M Cl),Panvel,Raigarh	**RAVINDRA M INAMDAR (5901402)** 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 Procedure/Test only(FIELDS ARE TO BE KEPT BLANK AND SIGNATURE IS NOT REQUIRED IF INVASIVE PROCEDURE IS NOT DONE)	
17. Name of doctor/s performing procedure/s	
18. History of genetic/medical disease in the family(specify)Basis of dignosis	☐ Bio-Chemical ☐ Ultrasonography ☐ Clinical ☐ Cytogenetic

	☐ Other ☐ Not Applicable
19. Indication/s for the diagnosis procedure A)Previous child/children with	☐ Chromosomal Disorders ☐ Congenital anomaly ☐ Haemoglobinopathy ☐ Metabolic disorders ☐ Mental Disability ☐ Sex linked disorders ☐ Single Gene Disorder ☐ Other ☐ Not Applicable ☐ Not Known
Advanced maternal Age(35)	
Mother/father/sibling has genetic disease (specify)	
20. Date on which consent of pregnant woman / person was obtained in Form G prescribed in PC&PNDT Act,1994	
21. Invasive procedures carried out	☐ Fetal Biopsy ☐ Chorionic Villi Aspiration ☐ Cordocentesis ☐ Foetoscopy ☐ Ultrasound ☐ Amniocentesis ☐ Other ☐ Not Applicable
23. Additional tests recommended(please mention if applicable)	
24. Result of procedures/Tests carried out(report in brief of the invasive tests/procedures carriedout)	
25. Date on which Invasive procedure carried out	
26. The result of pre-natal diagnostic procedures was conveyed to	
Date:	
Place :	Name, Signature and Registration Number With seal of the Gynaecologist/Radiologist/ Registered Medical Practitioner performing Diagnostics Procedure/s

Declaration

Declaration of Person Undergoing Prenatal Diagnostics Test/Procedure

I, **sultani test singh** असे घोषित करते की अल्ट्रा-सोनोग्राफी/प्रतिमा स्कॅनिंग करून मी माझ्या गर्भाचे लिंग जाणून घेऊ इच्छित नाही. /declare that by undergoing Prenatal Diagnostic Test/ Procedure.I do not want to know the sex of my foetus.

Date: 21/04/2022

गरोदर स्त्रीची सही/अंगठ्याचा ठसा./Signature/Thump impression of the person undergoing the Prenatal Diagnostic 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:	Place:

DECLARATION OF DOCTOR

I, **RAVINDRA M INAMDAR** declare that while conducting ultrasonography/image scanning on **sultani test singh**
I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Date: 21/04/2022

Place: Panvel (M Cl),Panvel,Raigarh

Signature:

RAVINDRA M INAMDAR (5901402)
Name in capitals,Registration no. with seal of
the Gynaecologist/radiologist/registered medical
practitioner conducting diagnostic procedure