

# 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<br>(give details)                             | Not Applicable                 |
| b. Ultrasonography<br>(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**