



FORM F

(See provision to section 4(3) rule 9(4) & Rule 10(1A))

FORM FOR MAINTENANCE OF RECORD IN RESPECT OF PREGNANT WOMAN BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

1. Name & address of the Genetic : **EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL, PEENYA, BENGALURU-560 022.**
2. Registration No. Alloted "No. 4 :
3. Patient's name and her age :
4. Number of Children with sex of each child : Age: Years:
5. Husband's/ Father's name :
6. Full address with Tel. No., if any :
7. Referred by (full name & address of
: Doctor(s) Genetic Counseling Centre
(Referral note to be preserved carefully
With case papers) Self referral
8. Last menstrual period / weeks of pregnancy :
9. History of genetic / medical disease in the family (specify)
(a) Clinical (b) Bio-Chemical (c) Cytogenetic (d) Other
e.g. Radiological, ultrasonography etc specify
10. Indication for prenatal diagnosis
A. Previous child/children with :
(i) Chromosomal disorder (ii) Metabolic disorders (iii) Congenital anomaly
(iv) Mental retardation (v) Haemoglobinopathy (vi) Sex linked disorders
B. Advanced maternal age (35 years)
C. Mother/father/sibling has genetic disorder (specify)
D. Other (specify)
11. Procedure carried out (with name & registration no. of radiologist) who performed it.
Noninvasive (1) Ultrasound (specify purpose) List of indications below
Invasive- NOT APPLICABLE
12. Any complication of procedure - specify - No
13. Laboratory tests recommended (1) Chromosomal studies (2) Biochemical studies
(3) Molecular studies (4) Preimplantation genetic diagnosis (5) None
14. Result of (a) prenatal diagnosis procedure (b) Ultrasonography Normal/abnormal
15. Dates on which procedure carried out
16. Date on which consent obtained (in case of invasive) NOT APPLICABLE
17. The result of prenatal diagnostic procedure were conveyed to
18. Was MTP advised / conducted - NO
19. Date on which MTP carried out :- NOT APPLICABLE

Date :
Place :

Radiologist

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRA SONOGRAPHY/IMAGE SCANNING

I _____ (name of the person conducting ultrasonography / image scanning) declare that while conducting ultrasonography / image scanning on Ms. _____ (name of the pregnant woman) (I have neither detected nor disclosed the sex of the foetus to anybody in any manner)

RADIOLOGIST

Important Note :

- (i) Ultrasound is not indicated / advised / performed to determine the sex of fetus except for diagnosis of Sex linked disease such as Duchenne Muscular Dystrophy Hemophilia A & B etc.
- (ii) During pregnancy Ultrasonography should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy.
 1. To diagnose intra uterine and/or ectopic pregnancy and confirm viability.
 2. Estimation of gestational age (dating)
 3. Detection of number of fetuses and their chorionicity
 4. Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure
 5. Vaginal bleeding / leaking \
 6. Follow up of cases of abortion
 7. Assessment of cervical canal and diameter of internal os.
 8. Discrepancy between uterine size & period of Amenorrhoea
 9. Any suspected adnexal or uterine pathology / abnormally
 10. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow up
 11. To evaluate foetal presentation & position
 12. Assessment of liquor amnii
 13. Preterm labour / preterm premature rupture of membranes
 14. Evaluation of placental position, thickness, grading & abnormalities placenta previa, Retro placental hemorrhage, abnormal adherence etc.
 15. Evaluation of umbilical cord-presentation, insertion, with IUCD in-situ or suspected pregnancy following contraceptive failure
 16. Evaluation of previous Caesarean section scars.
 17. Evaluation of foetal growth parameters, foetal weight & foetal well being
 18. Colour flow mapping & duplex Doppler studies
 19. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow up
 20. Adjunct to diagnostic & therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, foetal blood sampling, foetal skin biopsy, amniocentesis, intrauterine infusion, placement of shunts etc.
 21. Observation of intra partum events
 22. Medical / surgical conditions complicating pregnancy
 23. Research / scientific studies in recognized institutions.