

FORM G

(See Rule 10)

FORM OF CONSENT

(For invasive techniques)

I wife/daughter of.....

..... Age.....years residing at

.....hereby state that I have been explained fully the propable side effects and after effects of the pre-natal diagnostic procedures.

I wish to undergo the pre-implantion / pre-natal diagnostic technique / test / procedures in my own interest to find out the possibility of any abnormality (i.e. disease / deformity / disorder) in the child I am carrying

I undertake not to terminate the pregnancy if the pre-natal procedure / technique / test conducted show the absence of disease / deformity / disorder.

I understand that branch of this undertaking will make me liable to penalty as prescribed in the pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) and rules framed there-under.

Signature of the pregnant women

Date :

Place :

I have explained the contents of the above to the patient and companion

(Name..... Address.....

.....Relationship.....)

In a language she/they understand.

Name, signature and / registration number of
Gynaecologist Medical Geneticist / Radiologist/
paediatrician / Director of clinic / Centre / Laboratory.

Date :

Name, Address and Registration number of
Genetic clinic / Institute seal