

FORM F

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

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

1. Name and address of the Genetic Clinic/ Ultrasound Clinic/ Imaging Centre.
2. Registration No.
3. Patient's name and her age
4. Number of children with sex of each child
5. Husband's/ Father's name
6. Full address with Tel. No., if any
7. Referred by (full name and 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)
Basis of diagnosis: (a) Clinical (b) Bio-chemical (c) Cytogenetic (d) Other (e.g. Radiological, ultrasonography etc. specify)
10. Indication for pre-natal diagnosis
A. Previous child/ children with:

Chromosomal disorders	Metabolic disorders	Congenital anomaly	Single gene disorder
Mental retardation	Haemoglobinopathy	Sex linked disorders	Any other (specify)

- B. Advanced maternal age (35 years)
C. Mother/ father/ sibling has genetic disease (specify)
D. Other (specify)

11. Procedures carried out (with name and registration No. of Gynaecologist/ Radiologist/ Registered Medical Practitioner) who performed it.

Non-Invasive

- (i) Ultrasound
(Specify purpose for which ultrasound is to done during pregnancy)
[List of indications for ultrasonography of pregnant women are given in the important Notes]

Invasive

Amniocentesis	Chorionic Villi aspiration	Foetal biopsy
Cordocentesis	Any other (specify)	

12. Any complication of procedure – please specify
13. Laboratory tests recommended [Strike out whichever is not applicable or not necessary]

Chromosomal studies	Biochemical studies
Molecular studies	Preimplantation genetic diagnosis

14. Result of
(a) Pre-natal diagnostic procedure (give details).....
(b) Ultrasonography Normal/ Abnormal
(Specify abnormality detected, if any).
15. Date(s) on which procedures carried out.
16. Date on which consent obtained. (In case of invasive)
17. The result of pre-natal diagnostic procedure was conveyed toon
18. Was MTP advised/ conducted?
19. Date on which MTP carried out.

Date: _____ Name, Signature and Registration number of the
Place _____ Gynaecologist/ Radiologist/ Director of the Clinic

DECLARATION OF PREGNANT WOMAN

I, Ms. _____ (name of the pregnant woman) declare that by undergoing ultrasonography / image scanning etc. I do not want to know the sex of my foetus.

Signature/Thump impression of pregnant woman

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRASONOGRAPHY/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 her foetus to any body in any manner.

Name and signature of the person conducting Ultrasonography/ image scanning/
Director or owner of genetic clinic/ ultrasound clinic/ imaging centre.

Important Note:-

- (i) Ultrasound is not indicated/advised/performed to determine the sex of foetus except for diagnosis of sex-linked diseases such as Duchenne Muscular Dystrophy, Haemophilia 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/MTP 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 and period of amenorrhoea.
 - (9) Any suspected adenexal or uterine pathology / abnormality.
 - (10) Detection of chromosomal abnormalities, foetal structural defects and other abnormalities and their follow-up.
 - (11) To evaluate foetal presentation and position.
 - (12) Assessment of liquor amnii.
 - (13) Preterm labour / preterm premature rupture of membranes.
 - (14) Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retroplacental haemorrhage, abnormal adherence etc.).
 - (15) Evaluation of umbilical cord – presentation, insertion, nuchal encirclement, number of vessels and presence of true knot.
 - (16) Evaluation of previous Caesarean Section scars.
 - (17) Evaluation of foetal growth parameters, foetal weight and foetal well being.
 - (18) Colour flow mapping and 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 and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, foetal blood sampling, foetal skin biopsy, amnio-infusion, 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.

Person conducting ultrasonography on pregnant women shall keep complete record thereof in the clinic/centre in Form – F and any deficiency or inaccuracy found therein shall amount to contravention of provisions of section 5 or section 6 of the Act, unless contrary is proved by the person conducting such ultrasonography.