

Form F

[See Proviso To Section 4 (3) , Rule 9 (4) And Rule 10 (1- A)]

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/ 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 Counselling 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:
 - a) Chromosomal disorders
 - b) Metabolic disorders
 - c) Congenital anomaly
 - d) Mental retardation
 - e) Haemoglobinopathy
 - f) Sex linked disorders
 - g) Single gene disorder
 - h) 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

a) Ultrasound (Specify purpose for which ultrasound is to done during pregnancy)

[List of indications for ultrasonography of pregnant women are given in the note below]

Invasive - NA

- a) Amniocentesis
- b) Chorionic Villi aspiration
- c) Foetal biopsy
- d) Cordocentesis
- e) Any other (specify)

12. Any complication of procedure – please specify

13. Laboratory tests recommended

- a) Chromosomal studies
- b) Biochemical studies
- c) Molecular studies
- d) Pre implantation 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 were conveyed toon

18. Was MTP advised/ conducted?

19. Date on which MTP carried out.

Date:
Place :

**Name, signature and Registration no. of the
Gynaecologist / Radiologist/ Director of the Clinic**

DECLARATION OF PREGNANT WOMEN

I , Mrs.(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 women

**DECLARATION OF DOCTOR/ PERSON CONDUCTING
ULTRASONOGRAPHY / IMAGE SCANNING**

I (Name of the person conducting ultrasonography / image scanning) declare that while conduction ultrasonography / image scanning on Ms. (name of the pregnant woman), I have neither detected nor disclosed the sex of her foetus to anybody 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 that 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 foetuses 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 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 adnexal 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 recognised institutions.

Person conducting ultrasonography on a 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.