

FORM- (E)

MAINTENANCE OF RECORDS BY GENETIC LABORATORY

(1) Name and address of Genetic Laboratory:

(2) Registration No:

(3) Patient's Name:.....

(4) Age: Gender.....

(5) Husband's /Father's Name:.....

(6) Full address

.....Tel.No.....

(7) Referred by.....

.....

(8) Type of Sample:

(9) Specify indication for pre-natal diagnosis:

A. Previous child /children with

(i) Chromosomal disorders (ii) Metabolic disorders (iii) Malformation(s)

(iv) Mental retardation (v) Hereditary hemolytic anemia (vi) Sex linked disorder

(vii) Single gene disorder (viii) any other (specify)

B. Advanced maternal age (35 years or above).....

C. Mother/father/sibling having genetic disease (specify).....

D. Other (specify).....

(10) Laboratory tests carried out (give details):

(i) Chromosomal studies (ii) Biochemical studies (iii) Molecular studies

(iv) Preimplantation genetic diagnosis

(11) Result of diagnosis if abnormal give details:

(12) Date(s) on which tests carried out:

The results of the Pre-natal diagnostic tests were conveyed to.....on.....

Place:

Date:

Name, Signature and Registration No. of the

Medical Geneticist / Director of the Institute