

FORM FOR MAINTENANCE OF RECORD IN CASE OF PRENATAL DIAGNOSTIC TEST/PROCEDURE BY GENETIC CLINIC/ULTRASOUND CLINIC/IMAGING CENTRE

Section A: To be filled in for all Diagnostic Procedures/Tests

1. Name and complete address of Genetic Clinic/Ultrasound Clinic/Imaging centre:

**DR. RICHA'S DIAGNOSTIC CENTRE**  
4/1/A ROYAL MARKET BHOPAL 462007 (M.P.)

2. Registration No. (Under P.C. & P.N.D.T. Act, 1994) REG. NO. MP/PCPNDT/BPL/2021/364

3. Patient's name: **Mrs. MADHUA**

4. Total Number of living children: **2**

(a) Number of living Sons with age of each living son (in years or months): **2**

(b) Number of living Daughters with age of each living daughter (in years or months): **2**

5. Husband's/Wife's/ Father's/Mother's Name: **MR. RICHA GUPTA**

6. Full postal address of the patient with Contact Number, if any: **57/26/54/1/1020 B, NAWABGANJ, BHOPAL, M.P. 462001**

7. (a) Referred by (full name and address of Doctor(s)/Genetic Counselling Centre/Referral slip to be preserved carefully with Form F)

(b) Self-Referral by Gynaecologist/Radiologist/Registered Medical Practitioner conducting the diagnostic procedures:

(Referral note with indications and case papers of the patient to be preserved with F Form F)

(Self referral does not mean a client coming to a clinic and requesting for the test of a pregnant women)

8. Last menstrual period or weeks of pregnancy: **14 weeks**

Section B - To be filled in for performing non-invasive diagnostic Procedures/Tests

9. Name of the doctor performing the procedure/s: **Dr. Richa Gupta** MP-16271

10. Indication/s for diagnosis procedure

(Specify with reference to the request made in the referral slip or in a self-referral note) (Ultrasonography) prenatal diagnosis during pregnancy should only be performed when indicated. The following is the representative list of indications for ultrasound during pregnancy. (Put a "Tick" against the appropriate indication/s for ultrasound)

- i. To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
- ii. Estimation of gestational age (dating).
- iii. Detection of number of fetuses and their chromonoty.
- iv. Suspected pregnancy with IUD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
- v. Vaginal bleeding/leaking.
- vi. Follow-up of cases of abortion.
- vii. Assessment of cervical canal and diameter of internal os.
- viii. Discrepancy between uterine size and period of amenorrhoea.
- ix. Any suspected adnexal or uterine pathology (abnormality, abnormalities and their follow-up).
- x. Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
- xi. To evaluate fetal presentation and position.
- xii. Assessment of liquor amni.
- xiii. Preterm labor/ preterm premature rupture of membranes, thickness, grading and abnormalities of placental position, thickness, grading and abnormalities (placenta praevia, retroplacental hemorrhage, abnormal adherence etc.).
- xiv. Evaluation of placental function, insertion, nuchal encrolement, evaluation of umbilical cord - presentation, insertion, nuchal encrolement, number of vessels and presence of true knot.
- xv. Evaluation of previous Cesarean Section scars.
- xvi. Any fetal growth parameters, fetal weight and fetal well-being.
- xvii. Evaluation of fetal growth parameters, fetal weight and fetal well-being.
- xviii. Color flow mapping and duplex Doppler studies.
- xix. Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
- xx. Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocentesis, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
- xxi. Observation of intra-partum events.
- xxii. Medical/surgical conditions complicating pregnancy.
- xxiii. Research/scientific studies in recognized institutions.

11. Procedures carried out (Non-Invasive) (Put a "Tick" on the appropriate procedure)

(Important Note: Ultrasound is not indicated/ advised/ performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)

- i. Ultrasound (Important Note: Ultrasound is not indicated/ advised/ performed to determine the sex of fetus except for diagnosis of sex-linked diseases such as Duchene Muscular Dystrophy, Hemophilia A & B etc.)
- ii. Any other (specify)

12. Date on which declaration of pregnant woman/person was obtained: **11/12/23**

13. Date on which procedures carried out: **11/12/23** (report in brief of the test including ultrasound carried out)

14. Result of the non-invasive procedure carried out: **Normal**

SECTION C : To be filled for performing invasive procedures/Tests

only N.A.

15. Name of the doctor/s performing the procedure/s: **N.A.**

16. History of genetic medical disease in the family (Specify): **N.A.**

17. Basis of diagnosis ("Tick" on appropriate basis of diagnosis):

(a) Clinical (b) Bio-Chemical  
(c) Cyto genetic (d) other (e.g. radiological, ultrasonography etc.) N.A.

18. Indications for the diagnosis procedure ("Tick" on appropriate indication/s): N.A.

- A. Previous children with: (i) Chromosomal disorders (ii) Metabolic disorders (iii) Congenital anomaly (iv) Single gene disorder (v) Sex linked disorders (vi) Mental Disability (vii) Any other (Specify)
- B. Advanced maternal age (35 years)
- C. Mother/father/sibling has genetic disease (Specify)
- D. Other (Specify)

19. Date on which consent of pregnant woman/ person was obtained in Form G prescribed in P.C.P.N.D.T. Act, 1994: **N.A.**

20. Date on which consent of pregnant woman/ person was obtained in Form F prescribed in P.C.P.N.D.T. Act, 1994: **N.A.**

21. Invasive procedures carried out ("Tick" on appropriate indication/s): N.A.

i. Amniocentesis ii. Chorionic villi aspiration  
iii. Fetal biopsy iv. Cordocentesis v. Any other (Specify) N.A.

22. Any complication/s of invasive procedure (Specify): N.A.

23. Additional test recommended (Please mention if applicable): N.A.

i. Chromosomal studies (ii) Biochemical studies (iii) Molecular studies  
(iv) Pre-implantation gender diagnosis

24. Result of the Procedure/s Test carried out (report in brief of the invasive test carried out): N.A.

25. Date on which procedures carried out: **11/12/23** N.A.

26. The result of pre-natal diagnostic procedures was conveyed to: **N.A.**

27. Any indication for MTP as per the abnormality detected in the diagnostic procedures/Tests: **N.A.**

Date: **11/12/23** Signature and Registration Number with Seal of the

Name, Signature and Registration Number with Seal of the

Gynaecologist/Radiologist/Registered Medical Practitioner

Place: BHOPAL performing Diagnostic Procedures

SECTION D: Declaration

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIAGNOSTIC TEST/PROCEDURE

declare

I, Mrs./Ms. **MADHUA GUPTA** Prenatal

that by undergoing **On** Diagnostic Test/Procedure, I do not want to know the sex of my foetus.

Diagnostic Test/Procedure. I do not want to know the sex of my foetus.

Address & Contact No.: **Madhua**

Signature of a person attesting thumb impression: **N.A.**

Date: **11/12/23** Signature/Thumb impression of the person undergoing the

Prenatal Diagnostic Test/Procedure

DECLARATION OF DOCTOR/PERSON CONDUCTING PRE NATAL DIAGNOSTIC PROCEDURE/TEST

(name of the person

conducting ultrasound/image scanning on Mrs./Ms. **MADHUA GUPTA**

ultrasonography/image scanning on Mrs./Ms. **MADHUA GUPTA**

(name of the pregnant woman or the person undergoing pre natal diagnostic procedure/test) I have neither detected nor disclosed the sex of her fetus to anybody

in any manner.

Dr. Richa Gupta

MBBS, MRCOG (Radiologist)

Reg. No. **RICHA GUPTA** (Radiologist)

Date: **11/12/23** Place: BHOPAL

Dr. Richa Gupta (Radiologist)  
MBBS, MRCOG (Radiologist)

Consultant Radiologist

Date: **11/12/23** Place: BHOPAL





Dr. Richa Gupta  
MBBS, DMRI (Fellow in Radiodiagnosis)  
Former Radiologist  
• Topiwala National Medical College, Mumbai  
• Jaslok Hospital and Research Centre, Mumbai  
• Wockhardt Hospital, Mumbai.

Contact Detail: Ph.No. 0755-3582572, Mo. : 860270907, 8602690904, Email : richadiagnostic@gmail.com



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**IMPRESSION: -**

- ★ Single live intrauterine foetus corresponds to 12 wks 6 days of gestational age
- ★ revealed normally ossified with nasal bones normal ductal venous spectral flow pattern, no evidence of tricuspid regurgitation & nuchal translucency fall within normal range for gestational age.
- ★ Nuchal translucency measured = 1.50 mm by automated NT software.
- ★ Right uterine PI measured = 1.31, left uterine PI measured = 1.59 mean uterine PI measured = 1.45 appears to fall within normal limits for the gestational age.

Advice :- Biochemical marker correlation and Target Scan at 18 to 20 weeks

**Declaration of Doctor / Person conducting U.S.G./Image Scanning**

, Dr. Richa Gupta declare that while conducting U.S.G. on Smt. Madhika have neither declared nor disclosed the sex of her foetus to anybody in any manner.

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