

### <sup>1</sup>FORM E

[Refer rules 9(3)]

#### Maintenance of Records by the Genetic Laboratory

1. Name and address of Genetic Laboratory.
2. Registration No.
3. Patient's Name
4. Age
5. Husband's/Father Name
6. Full address with Tel. No., if any
7. Referral by/sample sent by (Full name and address of Genetic Clinic)  
(Referral note to be preserved carefully with case papers)
8. Type of sample : Maternal blood/Chorionic villus sample/amniotic fluid/Foetal blood or other foetal tissue (specify)
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 disorder
    - viii. Any other (specify)
  - B. Advanced maternal age (35 years or above)
  - C. Mother/father/sibling having genetic disease (specify)
  - D. Other specify

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1. Substituted vide GSR 109(E), dt. 14-2-2003, w.e.f. 14-2-2003

10. Laboratory test 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 test carried out.

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

Name, Signature and Registration No. of the  
Medical Geneticist/Director of the Institute

Place:

Date: