FORM E [See Rule 9(3)] FORM FOR MAINTENANCE OF RECORDS BY GENETIC LABORATORY

1. Name and address of genetic laboratory

Centre for DNA Fingerprinting and Diagnostics, Nampally, Hyderabad 351/2007

2. Registration No.

- 3. Patient's name
- 4. Age
- 5. Husband's/Father's name
- 6. Full address with Tel. No., if any

7. Referred 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 haemolytic anaemia
- (vi) Sex-linked disorder
- (vii) Single gene disorder
- (viii) Any other (specify)
- B. Advanced maternal age (35 years or above)
- C. Mother/father/sibling has genetic disease (specify)
- D. Other (specify)
- 10. Laboratory tests carried out (give details)
- (i) Chromosomal studies
- (ii) Biochemical studies
- (iii) Molecular studies
- (iv) Preimplantation gender diagnosis

11. Result of pre-natal diagnosis If abnormal give details.

Normal/Abnormal

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

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

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

Place:Hyderabad Date: