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: