

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

1. Name and address of Genetic Laboratory
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 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. 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:

Date: