INSTITUTE OF HUMAN GENETICS

ISO 9001: 2008

Genetic Centre

Regi No.: 952

FRIGE House, Jodhpur Gam Road
Satellite, Ahmedabad – 380015, Gujarat, INDIA
Ph.: 079-26921414, 65128444 Fax: 079-26921415
email: jshethad1@gmail.com, fshethad1@googlemail.com Website: geneticcentre.org, drshahpathlogyendo.com

Dr. Jayesh J. Sheth Ph.D. **Dr. Frenny J. Sheth** Ph.D.

Report On :

Delivery :
By Mail :
Personal :

PROFORMA

Ref. No. Date :
Name : Age : Sex : M / F
D.O.B. :
Father's / Husband's Name : Age : Occupation :
Mother's Name : Age :
Address for Correspondence : Phone No. :
Origin From :
Caste :

Referring Hospital and/or Name of the Doctor :

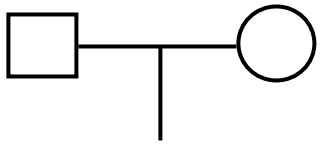
Investigation From : Blood / Abortus / Amniotic / CVS / Bone Marrow / DNA / FISH

Indication For Study :

a) Bad Obstetric History
b) Multiple Congenital Anomalies
c) Abnormal Sexual Development
d) Psychomotor Retardation
e) Down Syndrome / Triple Marker Positive
f) H/o. Genetic Defect in the family
g) Skeletal Deformities h) Leukemia AML, CML, MDS, MPD

Obstetric History	:	Gr Still Birth Para Twins Ab
Pregnancy	:	Uncomplicated / / Complicated by Chronic Illness / / Toxemia / / Trauma / / Drugs / / O.C. / Hormones / Radiation / / Viral Infections / / Bleeding / /
Labour	:	Fetal Distress / Diminished Fetal Movements / Normal / Prolonged / Other Complications :_____
Delivery	:	Hospital / Home : Full Term / / Premature / / Post Mature / / Normal / / Instrumentation / / Asphyxia / Cyanosis / / Cried soon after birth / /
		At birth : Weight: _____ Length:_____ H.C.:_____
Neonatal	:	Feeding Breast top wt-gain : Good / Fair / Poor
		Convulsions / Jaundice
Milesontes	:	Smiling- Head Holding- Sitting- Standing- Walking-
		Talking- Recognizing- Turning Over- Toilet Training-
Family History	:	Mental Subnormality Diabetes, Hypertension
		Congenital Malformation Consanguinity

PEDIGREE



Reports

Blood Counts :

Bone Marrow Counts :

Folate: B12 : HCY : TORCH: aPL :

VDRL : ANA: USG Findings: Nuchal Fold:

Triple Marker Results: AFP : HCG : UE_3 :

CONSENT FORM

CONSENT TO CARRY OUT CHROMOSOME STUDY FROM :

CHORIONIC VILLI / AMNIOTIC FLUID / ABORTUS MATERIAL / BONE MARROW / BLOOD :

I/we give my/our consent to carry out GENETIC Study at **GENETICS CENTRE** FRIGE HOUSE, Jodhpur Gam Road, Satellite, Ahmedabad-380 015. Gujarat, INDIA. as a diagnostic test. I/We fully agree and understand that under my circumstances our culture may fail necessitaing recollection of the sample, if possible. I/we understand that even under normal circumstances our cells may not be able to grow making our genetics study difficult.

I/We therfore agree to give another sample if needed.

It is further agreed that the nature of this agreement is such that it must remain confidential and we agree that the sole copy of the agreement may be retained in the above doctors file and shall not be disclosed except under unavooidable circumstances.

In case of paternity test we agree that any legal matter arising out of this, the **Genetics Centre** shall not be liable for this.

For any court appearance if needed, it will be at the cost of the patient.

Our centre will not be responsible for any dispute arising out of the DNA result.

Ref. No. :

Date : Signatures : Relation :

Time : Name :

Place : Witness : 1

Address :

Physical Examination :

Height : Weight : Head Circumference : Span :

Skull : Shape : Flattening : Prominence : Fontenelees: Anterior : Posterior : Satures : Prominent:
Seperated / Normal :
Hair : Normal / / Thin / / Sparse / / Brittle / /

Facies : Flat / Mongoloid Cretenoid Asymmetry

Eyes : N / Small / Large Strabismus Nystagmus
Slant N / Up / Down Pupils Cornea
Epicanthic folds

Ears : N / Small / Large Shape : Rotation: N/Ant Post
Position N / Low Set Malformation

Nose : N / Large Bridge : Depressed / Hypertelorism

Mouth : Cleft lip / Cleft Palate Tongue : Protruding / Thick
Palate : High Arched / Narrow Micrognathia / Retrognathia

Neck : Short / Low hair line / Webbing / Excess Fat

Radiography: MRI / CT

X-Ray : Sonography :

Cardiac Problems :

Limbs : Hands Short / Long / Normal Fingures: Short Stubby/Long thin/Normal Clinodactyly / / Polydactyly / / Loops / / Whirls / / Arches / / Dermatoglyphics : Simian crease : Unilateral / Bilateral / Bridge / Absent Proximal ‘t’ (ATD angle) : N / Distally placed Foot : Planter Furrow / / Increased space between 1st & 2nd toe / Syndactyly / /

Joints : Normal / / Stiff / / Contractures / / Dislocation / *Appendages* : Nails-N / Hypoplastic / Thick Hair-N / Hirsutism / Kinky / Brittle Skin-N / Rough / Infection

Genitals : Hypospadias Cryptorchidism Normal Male / Female Others

Investigation and Follow-up :

A. X or Y Chromatin

B. Karyotype

C. Fibroblast Culture

D. Gonadal biopsy-Meiotic studies

E. Biochemical screening

F. Amniocentesis

G. Family Studies

H. Hormones

I. Triple Marker Screening : AFP :

BHCG :

UE_3 :

J. DNA Report : Father :

Mother :

Proband :

Child :

CVS :

AF :

Cord Blood :

K. Enzyme study :

Urine GAG :

Urine EPP :

Enzymes: Blood / CV / CT / AF

Foundation for Research In Genetics & Endocrinology (FRIGE: E – 13237) ISO 9001:2008

INSTITUTE OF HUMAN GENETICS

GENETICS CENTRE Reg. No. : 952

FRIGE HOUSE, Jodhpur Gam Road, Satellite, Ahmedabad-380015, Gujarat, INDIA

Form G, [Rule 10]

FORM OF CONSENT FOR PRENATAL DIAGNOSIS

I ……wife/daughter of …….. Age …… years, residing at …… hereby state that I have been explained fully the probable side effects and after effects of the Prenatal diagnosis procedures. I wish to undergo the prenatal diagnostic procedures in my interest to find out the possibility of any abnormality (i.e. deformity or disorder) in the child I am carrying.

I undertake not be terminate the pregnancy if the prenatal procedure and any prenatal test conducted show the absence of deformity or disorders.

I understand that the sex of the fetus will not be disclosed to me.

I understand that breach of this undertaking will make me liable to penalty as prescribed in the prenatal Diagnostic Techniques (Regulation and prevention of Misuse) Act, 1994 (57 of 1994)

Date : **Signature**

Place :

I have explained the contents of the above consent to the patient and her companion named ……resident of ……. ……. whose relationship to patient is ……..; in a language she / (they) understand.

Doctor

Name, Signature and Registration Number of the Gynecologist / Radiologist / Registered Medical Practitioner

Date :

Institute Of Human Genetics Centre
Registration number of genetics centre

Dr. Bipin Shah
Executive Trustee
Dr. Jayesh J Sheth
Hon. Director
Dr. Frenny J. Sheth
Hon. Add. Director

Recognized as Research Organization
(SIRO)
By Govt. Of India
Ministry of Science & Technology
(14/ 409/ 2005 –Tu – V)

Tel. : 079 -26921414, 65128444
Fax : 079 -26921415
Fax : jshethad1@gmail.com
fshethad1@googlemail..com
Web. : www.geneticcentre.org

Foundation for Research In Genetics & Endocrinology (FRIGE: E – 13237) ISO 9001:2008

INSTITUTE OF HUMAN GENETICS

GENETICS CENTRE Reg. No. : 952

FRIGE HOUSE, Jodhpur Gam Road, Satellite, Ahmedabad-380015, Gujarat, INDIA

Form E, [Refer rule 9(3)]

MAINTENANCE OF RECORDS BY GENETIC LABORATORY

- Name and address of Genetic Laboratory: FRIGE's Institute of Human Genetics, FRIGE House, Jodhpur Gam Road, Satellite, Ahmedabad, Gujarat, INDIA
- Registration No.: 952
- Patient's Name: Age :
- Husband's / Father's Name:
- Full Address with Tel. No., if any:
- Referred by / sample sent by (full name and address of the referring Center) (Referral note to be preserved carefully with case paper)
- Type of sample : Maternal blood / Chorionic villus sample / Amniotic fluid / Fetal blood or other fetal tissue (specify)
- Specify indication for prenatal diagnosis

(A) Previous child / children with

1. Chromosomal disorders **2.** Metabolic disorders **3.** Malformation(s) **4.** Mental retardation

5. Hereditary haemolytic anemia **6.** Sex linked disorder **7.** Single gene disorder **8.** Any other (specify)

(B) Advanced maternal age (35 years or above)

(C) Mother / Father / Sibling having genetic disease ((specify)

(D) Others (specify)

- Laboratory tests carried out (give details)

1. Chromosomal studies **2.** Biochemical studies **3.** Molecular studies

4. Preimplantation genetic diagnosis

- Result of diagnosis: Normal / Abnormal
  - If abnormal give details.
- Date(s) on which tests carried out.
- The results of the Pre-natal diagnostic tests were conveyed to …….. on ……

Dr. Bipin Shah
Executive Trustee
Dr. Jayesh J Sheth
Hon. Director
Dr. Frenny J. Sheth
Hon. Add. Director

Recognized as Research Organization
(SIRO)
By Govt. Of India
Ministry of Science & Technology
(14/ 409/ 2005 –Tu – V)

Tel. : 079 -26921414, 65128444
Fax : 079 -26921415
Fax : jshethad1@gmail.com
fshethad1@googlemail..com
Web. : www.geneticcentre.org