F O R M - G [See Rule 10]

FORM OF CONSENT

I, _____ aged _____ yrs, wife/daughter of _____

residing at _____.
(address)

hereby state that I have been explained fully the probable side effects and after-effects of the prenatal diagnostic procedures. I wish to undergo the pre-natal diagnostic procedures in my interest, to find out the possibility and abnormality (i.e. deformity or disorder) in the child, I am carrying.

I undertake not to terminate the pregnancy if the pre-natal procedure and any pre-natal tests 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 Technique (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994).

Date : _____

Place: Signature

I have explained the contents of the above consent form to the patient and/or her companion

_____ of _____
(name) *(address)*

_____ _____ .
(relationship)

in a language she/they understand.

Date : (_____)

Name, Signature and Registration No.
Place: of the Gynecologist/Radiologist/
Registered Medical Practitioner

Name, address and Registration No.
of Genetic Clinic