FORM G

[See Rule 10]

FORM OF CONSENT

(For Invasive techniques/ NIPS)

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 pre-natal diagnostic procedures.

I wish to undergo the pre-implantation/pre-natal diagnostic technique/test/procedures in my own interest to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the child I am carrying.

I undertake not to terminate the pregnancy if the pre-natal procedure/technique/test conducted show the absence of disease/deformity/disorder.

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

I understand that breach of this undertaking will make me liable to penalty as prescribed in the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994) and rules framed thereunder.

Date

Place

Ph/ Contact Number*:

Signature of the pregnant woman.

I have explained the contents of the above to the patient and her companion (Name:……, of Address ……. ….Relationship …….) in a language she/ they understand.

Date

Name, Signature and Registration number of
Gynecologist/ Radiologist Medical Geneticist/
Director of the Clinic/ Centre/ Laboratory
Ph/ Contact Number*:

Name, Address and Registration # of Genetic Clinic/ Hospital

SEAL/ STAMP

**Contact Number is Mandatory*