Form F register (Rule 9(1))

Rule 9(1) asks every ultrasound clinic and imaging centre to keep a register, in serial order, of each person given a prenatal diagnostic procedure, with the name of the spouse or father and the date they first reported. One row per Form F. Dates dd-mm-yyyy. Write NA, never leave a cell blank.

Register

Serial no.	Date first reported	Patient name · age	Spouse / father name	Address · contact no.	LMP or weeks of pregnancy	Referred by (name, address) or self-referral	Referral slip or self-referral note filed (Y/N)	Indication no(s). ticked (i to xxiii)	Procedure · date done	Doctor performing	Woman's declaration: date · signed (Y/N)	Doctor's declaration signed, name, reg. no., seal (Y/N)	Form F no. or online acknowledgement no.	In monthly report for (month)	OPD / ANC / receipt no.	Retain until (procedure date + 2 years)

Record-keeping aid. This is not Form F. Use the Form F prescribed in the PC-PNDT Rules, 1996 (as substituted by G.S.R. 77(E), 31 January 2014) or your state's online portal. Template by MedStream · medstream.in · free to use and adapt.

Before and after each scan

Run it for every ultrasound on a pregnant woman. The form itself is the one prescribed in the Rules or your state portal.

Before the scan

☐ She is pregnant (Form F applies to prenatal procedures). In IVF, check your state's rule for follicular monitoring scans.

☐ Referral slip with the indication is in hand, or, for self-referral, a referral note with indications and case papers (self-referral is the doctor's, never the patient's or a relative's request).

☐ Section A complete: centre name and registration no., her name and age, living sons and daughters with the age of each, husband's or father's name, full address with contact no., LMP or weeks of pregnancy.

☐ ID copy taken if your state requires it (it is a state rule, not a field in the central Form F).

☐ Her declaration (Section D) taken before the scan, in a language she understands, signed or thumb impression attested with the identifier's details.

After the scan

☐ Indication(s) ticked in Section B, matching the referral slip.

☐ Procedure, date of procedure, date of declaration and the result in brief written.

☐ 'Result conveyed to ___ on ___' and 'any indication for MTP' filled in, NA if none.

☐ Doctor's declaration signed, name in capitals, registration no. and seal.

☐ Register row written, referral slip filed with the form, online form submitted if your state requires it, signed hard copy kept.

Gujarati: what she is declaring (unofficial aid)

સોનોગ્રાફી દરમ્યાન મારે બાળકની જાતિ (બાબો કે બેબી) જાણવી નથી.

In English, as in Form F Section D: 'I do not want to know the sex of my foetus.' This line only explains the declaration; it is not a substitute for it.

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Monthly report tracker (Rule 9(8))

The complete report for each month goes to the Appropriate Authority by the 5th day of the following month. Every figure should be a count of register rows.

Tracker

Month	Scans on pregnant women (OPD / USG log)	Form F filled	Difference (should be 0)	Invasive procedures · Form G consents	Report sent on (by the 5th)	Mode (state portal / by hand / post)	Acknowledgement no.	Signed hard copies filed (Y/N)	Checked by

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Inspection self-check

Built from the MoHFW Standard Operating Guidelines for District Appropriate Authorities (April 2016), which ask inspectors to scrutinise 30 forms or 10% of forms, whichever is more. Do the same with your own forms each quarter.

Field-by-field score for the forms you sampled

Write the number of sampled forms in each column.

Field	Blank	Incomplete	Correct
Client's name and age			
Number of previous children with sex of each child			
Husband's / father's name			
Full postal address with telephone number			
Referred by (full name, address and qualification of the doctor)			
Self-referral (referral letter available)			
LMP and weeks of pregnancy			
Date(s) of procedure			
Declaration of the pregnant woman available and signed			
Doctor's declaration available and signed			
Name, signature and registration no. of the doctor			

The rest of the file

☐ Register kept as per Rule 9(1), in serial order.
☐ Number of Form F matches the OPD register, ANC register and receipts for the same period.
☐ Monthly reports for the last 3 months sent by the 5th, with acknowledgements.
☐ Records for the last two years available (Rule 9(6)); longer where any legal proceedings are pending.
☐ Records kept on computer have a printed copy, authenticated by the person responsible (Rule 9(7)).
☐ Referral slips and sonography plates or images kept with the forms.
☐ Registration certificate and the statutory notice displayed; a copy of the Act and Rules on the premises.

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The 23 ultrasound indications in Form F (Section B, item 10)

Wording as in the Gazette notification of 2014 (G.S.R. 77(E)). Use the numbers in the register's indication column.

Indications

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No.	Indication
i	To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.
ii	Estimation of gestational age (dating).
iii	Detection of number of fetuses and their chorionicity.
iv	Suspected pregnancy with IUCD in-situ or suspected pregnancy following contraceptive failure/MTP failure.
v	Vaginal bleeding/leaking.
vi	Follow-up of cases of abortion.
vii	Assessment of cervical canal and diameter of internal os.
viii	Discrepancy between uterine size and period of amenorrhea.
ix	Any suspected adenexal or uterine pathology/abnormality.
x	Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.
xi	To evaluate fetal presentation and position.
xii	Assessment of liquor amnii.
xiii	Preterm labor / preterm premature rupture of membranes.
xiv	Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retro placental hemorrhage, abnormal adherence etc.).
xv	Evaluation of umbilical cord (presentation, insertion, nuchal encirclement, number of vessels and presence of true knot).
xvi	Evaluation of previous Caesarean Section scars.
xvii	Evaluation of fetal growth parameters, fetal weight and fetal well being.
xviii	Color flow mapping and duplex Doppler studies.
xix	Ultrasound guided procedures such as medical termination of pregnancy, external cephalic version etc. and their follow-up.
xx	Adjunct to diagnostic and therapeutic invasive interventions such as chorionic villus sampling (CVS), amniocenteses, fetal blood sampling, fetal skin biopsy, amnio-infusion, intrauterine infusion, placement of shunts etc.
xxi	Observation of intra-partum events.
xxii	Medical/surgical conditions complicating pregnancy.

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xxiii	Research/scientific studies in recognized institutions.

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