

FORM G
[See Rule 10]
FORM OF CONSENT
(For invasive techniques)

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 preimplantation/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

Signature of the pregnant woman.

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

Name, Signature and/Registration
number of Gynaecologist/ Medical
Geneticist/ Radiologist/
Paediatrician/ Director of the Clinic/
Centre/ Laboratory

Date

Name, Address and Registration
number of Genetic Clinic/ Institute

SEAL