



Doctors for Daughters

Checklist to monitor ultrasound clinics

Piloted in Indore by District Administration (2008-09)

Date and time of visit:

Name/s/designation of members of the team:

- 1.
- 2.

Name of the clinic _____

Address, Tel, E-mail (if available) _____

Name of the clinic owner _____

A. Information about USG clinic

S.No.	Things to be seen/checked	Observations
1.	Is your clinic registered under PCPNDT Act	Yes/No
	1.1. If yes: Date of registration (date - month - year)	
	1.2. Registration certificate number and validity date	
	1.3. Date of renewal	
	1.4. Is the certificate of renewal of registration available	Yes/No/Under process
2.	Category under which the clinic is registered*	
3.	How many ultrasound machines are there in your clinic	
	3.1. What is the brand (make) of machine/s (with numbers)	
	3.2. Is the same machine entered in registration certificate	Yes/No
	3.3. Are there any unused machine/s in your clinic	Yes/No
	3.3.1. If yes, what is their current status (mention in brief)	
	3.3.2. Has AA been informed about this machine	Yes/No
	3.4. Have you purchased any new/additional machine after registration	Yes/No
	3.4.1. Has AA been informed about this machine and entry taken in registration certificate	Yes/No

*(genetic counselling centre, genetic laboratory, genetic counselling and testing centre, ultra sonography centre, combination if any, specify)

S.No.	Things to be seen/checked	Observations
4.	Do you have a portable USG machine	Yes/No
	4.1. If yes, is the vehicle/s in which portable machine/s is/are carried is/are registered	Yes/No
	4.2. Does the clinic have a separate registration certificate for portable machine	Yes/No
	4.3. How is the portable machine used (In the vehicle, hospital, at another clinic/hospital. Any other, please specify)	
5.	Who is operating registered machine/s (name/s & qualification)	
	5.1. Is the copy of the qualification certificate of the doctor operating the machine is exhibited at prominent place	Yes/No
	5.2. Is the copy of valid registration certificate of state medical council for the doctor/s is displayed at prominent place	Yes/No
	5.3. Does the doctor operating the machine meets qualification requirements as per PCPNDT Act? 5.3.1. If no, what are the gaps?	Yes /No
	5.4. Whether same machine make/number and name of operating doctor is reflected in the registration certificate 5.4.1. If no, what is the difference?	Yes /No
6.	Does all information reflected in the registration certificate tallies with above information	Yes / No
	6.1. If no, what is the difference?	
7.	Does your clinic also provide MTP services	Yes/No
	7.1. If yes, is the center registered under MTP Act? 7.1.1. If yes, check registration certificate	Yes/No Available/Not Available
8.	Is the centre performing ultrasonography on:	
	8.1. Pregnant women only	Yes/No
	8.2. Pregnant and other women for various reasons	Yes/No
	8.3. All clients including pregnant women	Yes/No
	8.4. All clients excluding pregnant women	Yes/No
9.	PCPNDT registration certificate displayed at a prominent place	Yes/No
10.	Display of board stating – detection of the sex of the foetus is not done here and it is a legal offence. (In bold letters, in two languages – Local and English) at prominent place	Yes /No
11.	Copy of the PCPNDT Act is available at clinic	Yes/No
12.	IEC material available, if any, in the clinic for the clients on female foeticide selection: posters/pamphlets/reading material	Yes/No
	12.1. If yes, specify briefly	
13.	Printed copies of Form F and declaration forms available	Yes/No

C. Review of records

1. Has the centre submitted monthly reports to district AA on 5th of every month for last three months and acknowledgement is available: Yes/No
2. Do the numbers filled in Form F tally with reported figure: Yes/No
- 2.1. If no, what are the missing gaps _____

D. Review of Form 'F' (take out all Form F for last three months of the current year for scrutiny)

1. Total Form 'F' reviewed:
2. Does this number coincide with the report submitted for those months: Yes/No. If no, give details:

E. Form 'F' Major Observations:

S.No.	Contents	Blank (No)	Incomplete information (NA)	Written correctly (Yes)	Remarks
1.	Client's name and age				
2.	Number of previous children with sex of each child				
3.	Husband's/father's name				
4.	Full postal address with telephone no, if any				
5.	Referred by - full name and address of the doctor(s) or self referral				
6.	Last menstrual period mentioned 6.1 Weeks of pregnancy mentioned				
7.	History of genetic/medical disease, if any				
8.	Indication for prenatal diagnosis mentioned 8.1. Indication for diagnosis is out of 23 indications mentioned in the Act				
9.	Name and registration no. of gynaecologist/radiologist/certified RMP performing USG is mentioned 9.1. Does this name tally with the name on registration certificate				

S.No.	Contents	Blank (No)	Incomplete information (NA)	Written correctly (Yes)	Remarks
10.	Name of the non-invasive procedure mentioned				
11.	If invasive procedure carried out, name of invasive procedure mentioned				
12.	Results of prenatal diagnostic procedure/ultrasonography written				
13.	Date/s on which the procedure carried out written correctly				
14.	For each invasive procedure, correctly filled in consent form is available				
15.	For non-invasive procedure, correct declaration form of pregnant woman is available				
16.	Correctly filled in declaration form by the doctor conducting procedure is available				
17.	Was there any mention of MTP advised/conducted				
18.	If yes, what were the reasons mentioned				
19.	If MTP conducted in the same clinic, date on which MTP conducted is mentioned				
20.	Are MTP records maintained properly as per MTP Act				
21.	Name/Signature and registration number of Gynaecologist/ Radiologist/Director of clinic is mentioned				

Note:

Discuss key observations with concerned doctors and orient them to maintain Form F correctly and also make their clinic as PCPNDT Act compliant.

During subsequent visit to the same clinic, ensure that gaps/deficiencies observed during first visit are corrected.