

FORM G  
[See Rule 10]  
FORM OF CONSENT  
(For Invasive/ Non- Invasive Techniques/ Tests/Procedures)

**Consent from a Female Individual**

I, ..... Wife/Partner/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: for infertility, others (specify) \_\_\_\_\_ to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the foetus/ my pregnancy; I am carrying or planning to carry after pre-implantation diagnostics results.

I undertake not to terminate the pregnancy if the pre-natal procedure/technique/ test conducted shows the absence of disease/deformity/disorder and doctor advice to do so.

I understand that the sex of the foetus will not be disclosed to me nor will I try to know.

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 there under.

I understand that any sample provided by me for the above-mentioned purpose shall not be used for any other purpose without my consent

Date

Place

Signature of the person undergoing test/ procedure

**Consent from a Male Individual**

I, ..... Husband/Partner/Father of ..... age ..... years residing at ..... hereby state that I have been explained fully the probable side effects and after-effects of the pre-implantation/pre-natal diagnostic technique/test/procedure for infertility, others (specify) \_\_\_\_\_ or to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the foetus, my wife/partner/Daughter is carrying or planning to carry after pre-implantation diagnostics results.

I understand that the sex of the foetus will not be disclosed to me nor will I try to know.

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 there under.

I understand that the sample provided by my wife/partner or the semen sample provided by me for in-vitro fertilization or any other body fluid for any other related tests shall not be used for any other purpose (including semen/ sample bank) without my consent

Date

Place

Signature of the male or partner/ relative of person undergoing test/ procedure

**Declaration of Doctor Gynaecologist/ Medical Geneticist/ Radiologist/ Paediatrician/ Director of the Clinic/ Centre/ Laboratory**

I have explained fully the probable side effects and after-effects of the \_\_\_\_\_pre-implantation and pre-natal diagnostic procedures to the individual and her companion (Name ..... Address ..... Relationship .....) in a language she/he/they understand.

I undertake this pre-implantation/pre-natal diagnostic technique/test/procedure, for infertility or \_\_\_\_\_any other (specify) to find out the possibility of any abnormality (i.e. disease/deformity/disorder) in the foetus/ pregnancy, my beneficiary is carrying or planning to carry after pre-implantation diagnostics results, and not to determine/ select the sex of the child

The sample provided by the individual shall not be used for any other purpose except for which consent has been sought. In case of need for use of the sample for any other purpose, additional consent will be taken.

Date

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

Name, Address and Registration number of Genetic Clinic/ Institute  
SEAL

**Note:**

Rule 10: Conditions for conducting pre-natal diagnostic tests/ procedures.-

*(1) Before conducting a pre-implantation genetic diagnosis, or any pre-natal diagnostic technique/test/procedure such as Non-invasive prenatal test (NIPT), chorionic villus sampling (CVS), amniocentesis, foetal skin or organ biopsy or cordocentesis; and others such as semen collection for IVF/semen bank/ any other purpose, a written consent, as specified in Form G, in a language the person undergoing such procedure understands, shall be obtained from her/him:*

Provided that where a Genetic Clinic has taken a sample of any body tissue or body fluid and sent it to a Genetic Laboratory for analysis or test, it shall not be necessary for the Genetic Laboratory to obtain a fresh consent in Form G.