

Outcome Form

Dear parents,

Thank you for filling in these details of the outcome of your pregnancy. As you know this information will be helpful for us for our continuing audit and to improve our performance. You can be assured that this information will be completely confidential and will not be utilized for any commercial activity. We wish you all the best and really appreciate the time taken to give us these details.

*Fields are mandatory

1. Mother's full name:* _____

2. Infocus ID:* _____

3. Email ID:* _____

4. What was the outcome of the pregnancy?*

Live Birth

Termination of pregnancy

Stillbirth

Miscarriage

5. Date of Delivery* _____

Gestational age* _____

6. How did you deliver?*

vaginal

Caesarean section

7. What is the sex of the baby?*

Male

Female

8. What was the baby's birth weight?* _____

9. Did the baby need treatment in the special baby care unit*

Yes

No

10. If yes than specify,

11. Did the baby have any problems/ abnormality*

Yes

No

12. If yes, what was it?

13. Tests during the course of the pregnancy?

Amniocentesis

Chorion Villus Sampling (CVS)

Fetal blood sampling

Maternal biochemistry (Triple marker, Quadruple marker, Double marker)

14. Did the mother/ the baby have any illnesses during the course of the pregnancy?

Yes

No

If so, please comment:

If your baby had any abnormality kindly mail a photograph if possible on executive@infocusdiagnostics.com.

Fill up the above detail and send it to us on below given address:

Dr. Shetal Desai

45/B, Swastik Society,

Opp. Vipul Dudhiya,

Stadium-Commerce Road, Navrangpura,

Ahmedabad-380009,

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