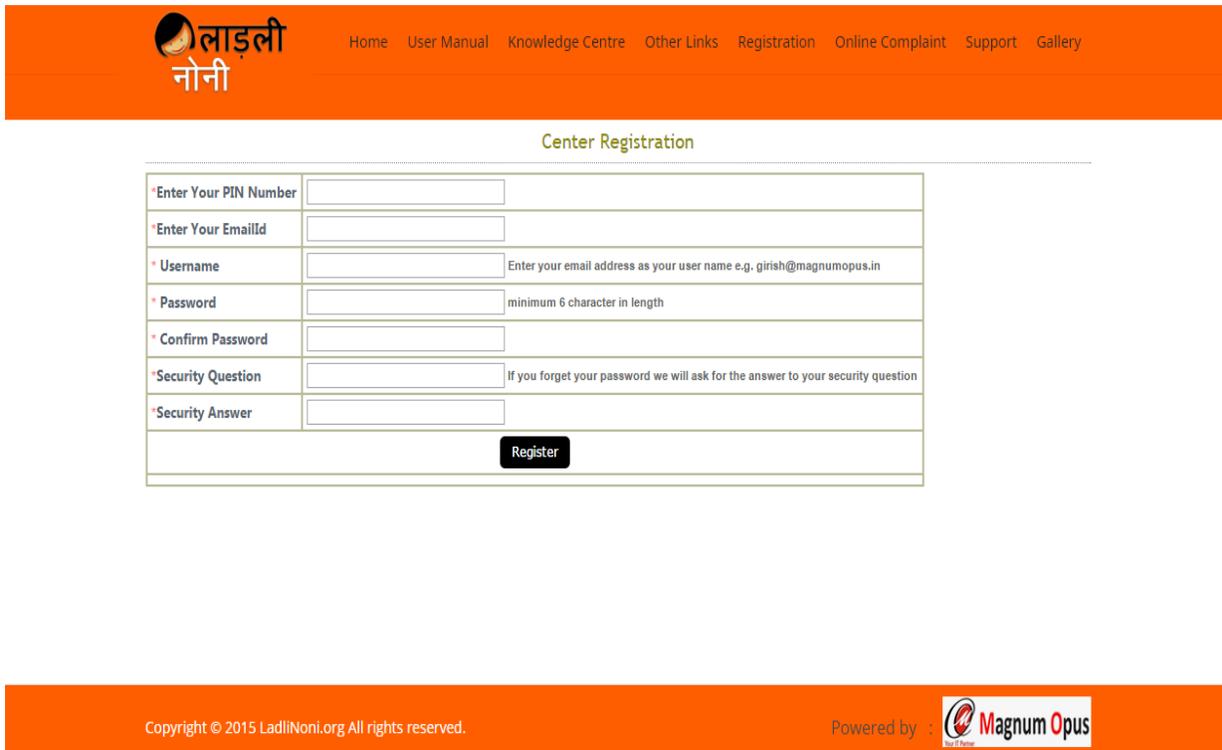# User Manual

1. Go to website www.ladlinoni.org and click on Registration for center registration.
2. Then you will get the following window.

3. Fill these fields and click on Register button. Remember the username and password you have entered because it is required for center login.

4. After clicking on Register button ,following window will open.

5. Select your District, then enter username and password to login.

6. After login Form A will open, as follows,

Center Registration

FORM A

Owners Information	
* Name of Applicant	
* Address	
* District	: Balod
* Tahesil	:
Telephone	(e.g 0231123456)
Fax	(e.g 0231123456)
Mobile	(e.g 999999999)
* Email	(e.g admin@hamatibeti.in)

Centre Information	
* PNDT Centre Registration No	2222
* Date of Issue	DD/MM/YYYY (e.g.15/09/2000)
Facility to Registered	i) ☐Genetic Counselling Centre ii) ☐Genetic Laboratory iii) ☐Genetic Clinic iv) ☐Imaging Centre v) ☐Ultrasound Clinic
* Name of Centre	
* Address	

Specify Pre-natal diagnostic procedures/tests for which approval is sought:		
Leave blank if registration is sought for Genetic Counselling Centre only.		

a) Invasive
i) ☐Amniocentesis   ii) ☐Chromosomal   iii) ☐Chorionic villi aspiration   iv) ☐Biochemical v) ☐Molecular Studies

b) ☐Non Invasive Ultrasonography

a) Facilities available in the Counselling Centre	If available specify here

b) Wether facilities are or would be available in the laboratory /Clinic for following tests? :

i) ☐Ultrasound   ii) ☐Amniocentesis   iii) ☐Chorionic villi aspiration   iv) ☐Foetoscopy   v) ☐Foetal biopsy

vi) ☐Cordocentesis

Wether the facilities are available in the Laboratory, clinic for following?

i) ☐Chromosomal studies ii) ☐Biochemical Studies iii) ☐Molecular Studies iv) ☐Preimplantation genetic diagnosis

⊙Agree ●Not agree

DECLARATION

I Shri/Smt./Kum./Dr [   ] son/daughter/wife of [   ] aged [   ] Years resident of [   ] working as (indicate designation) [   ] in (Indicate name of the organization to be registered) [   ] hereby declare that I have read and understood the Pre-natal (Regulation and Prevention diagnostic techniques of Misuse) Act, 1994 (57 of 1994) and Pre-natal Diagnostic techniques (Regulation and Prevention of Misuse) Rule, 1996.

I also undertake to explain the said Act and Rules to all employees of the Genetic Counselling Centre / Genetic Clinic/ Ultrasound Clinic/Imaging Centre in respect of which registration is sought and to ensure that Act and Rules are fully complied with

Date [27/08/2015]

Place [   ]

Name, designation and signature
Of the person authorized to sign on
Behalf of the organization to be registered.

Submit

7. After submitting this form, form for radiologist information will open, from this you can add your center doctors, this is shown in following form,

लाड़ली नोनी

Radiologist/Gyn/Others Information

* Category :	Select ▾		
* MPMC No	[ ]		
* Name	[ ]		
* Qualification	[ ]	* Cerificate Issue By	[ ]
* Experience(Min. 1 yr Exp.)	[ ] eg: 2.5	* Exp. Issue By	[ ]
* Training(Min 6 Months)	[ ] eg: 12		

Add

8. After adding doctors, the next form will open to add equipment information

Equipments Information

* Name of Equipment	
* Make	
* Model No.	
* Serial No.	
* Manufacturer Name	
* Seller Name	
Distributor Name	
* Machine Type	◉ New ○ Old
* Company Purchase Date	ex:15/09/2000
	Add

9. After adding equipment , your center registration will complete and your center dashboard will open as follows,

This is your Dashboard which will show the total number of f-form submitted online of particular month.

Center Dashboard

"THE DASHBOARD FIGURES ARE DISPLAYED FROM 1ST APRIL 2015. TO VIEW THE OLD DATA SELECT THE MONTH"

Dashboard		
Select Month & Year	August ▾ 2015 ▾	

Heading	Records till August - 2015	Records on August - 2015
Total number of Registered Patient	0	0
Total number of patient (above age 35)	0	0
Total number of Followup Visit	0	0

My Profile:

From here you can edit your center profile if there is any error while center registration.

And also add/edit doctors information and equipment information.

Registration:

The actual f-form registration starts from here. It is in two stage:

1.Patient Registration:

Fill all details of patient in this form. The form is as follows, fill the fields compulsory which are shown by *.

2.F-form Registration:

Follow Up:

After clicking on add follow up visit, following form will open,

After clicking on new follow up visit, the following new form will open, then fill it and submit it then your follow up visit will get add.

Reports:

Monthly Center Report:

Then the report is as follows:

PRECONCEPTION AND PRENATAL DIAGNOSTIC TECHNIQUES
(PROHIBITION OF SEX SELECTION)ART 1994
Monthly Reporting format for Genetic Counselling Centre/Laboratory/Clinic/Combined

Monthly Report For : Jul- 2015

Name of the Genetic Counselling Centre/laboratory/Clinic: Magnum Hospital

Registration No: 999
Name Of Director: Magnum Opus

1. **Total No.of Patients:**   0

From Madhya Pradesh	0
From Other States	0

2   **Issuewise Break up of the patients**

0 Issue	0	2 or 2+ Males	0
Only 1 Male	0	2 or 2+ Females	0
Only 1 Female	0	Other	0

3   **Age-wise Break up of the patients**

Less then 18 years	0	30-35 Years	0
18-30 years	0	Above 35 years	0

4   **Indication for Prenatal Diagnosis**

Sr.No	Type of Indication	During the Month	Progressive
A	PREVIOUS CHILD WITH		
I	Chromosomal disorder	0	0
II	Metabolic disorder	0	0
III	Congenital anomaly	0	0