

NAME OF THE HOSPITAL: _____

1). Oesophageal Atresia: S8G1.1

1. Name of the Procedure: Oesophageal Atresia
2. Indication: Diagnosis of oesophageal atresia with tracheoesophageal fistula/ without tracheoesophageal fistula
3. Does the patient presented with antenatal USG showing polyhydramnios, excessive salivation/frothing, choking during feeds, aspiration pneumonia in newborn, no. IO F rubber catheter obstructing oesophagus 10 cms from gum margin: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray chest/ abdomen: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of serious cardiac anomaly on 2 D Echo incompatible to life: Yes/No

For Eligibility for Oesophageal Atresia the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

2). Diaphragmatic Hernia: S8G1.2

1. Name of the Procedure: Diaphragmatic Hernia
2. Indication: Presence of diaphragmatic hernia
3. Does the patient presented with antenatal USG showing diaphragmatic hernia, respiratory distress, recurrent chest infection: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray chest/ abdomen, ABG, USG Chest/CT Chest – optional: Yes/No (Upload reports)

For Eligibility for Diaphragmatic Hernia the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

3). Intestinal Atresias & Obstructions: S8G1.3

1. Name of the Procedure: Intestinal Atresias & Obstructions
2. Indication: Intestinal Obstruction
3. Does the patient presented with antenatal USG showing dilated bowel loops, bilious vomiting, abdominal distention, constipation, per rectal bleeding (may or may not be there): Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray abdomen, USG abdomen (contrast study): Yes/No (Upload reports)

For Eligibility for Intestinal Atresias & Obstructions the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

4). Biliary Atresia & Choledocal Cyst: S8G1.4

1. Name of the Procedure: Biliary Atresia & Choledocal Cyst
2. Indication: Biliary Atresia & Choledocal Cyst
3. Does the patient presented with antenatal USG showing choledocal cyst/ pain/ fever/ jaundice/ lump may or may not be felt/ white stool: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – hematological investigations, USG abdomen/ Hida Scan/ MRCP/ CT adomen: Yes/No (Upload reports)

For Eligibility for Biliary Atresia & Choledocal Cyst the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

5). Anorectal Malformations Stage 1: S8G1.5/ Anorectal Malformations Stage 2: S8G1.6

1. Name of the Procedure: Anorectal Malformations
2. Indication: Ano-rectal Malformation
3. Does the patient presented with absent anus, abdominal distention, vomiting, meconium per urethra in males/passage of stool through vagina in females: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Invertogram/ Distal Cologram in males, USG abdomen/ X ray sacrum/ CT/ MRI pelvis in both the sexes – (optional): Yes/No (Upload reports)

For Eligibility for Anorectal Malformations the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

6). Hirschsprung Disease Stage 1: S8G1.7/ Hirschsprung Disease Stage 2: S8G1.8

1. Name of the Procedure: Hirschsprung Disease
2. Indication: Intestinal Obstruction – Acute or Subacute
3. Does the patient presented with not passed meconium within 24 hours of birth/
intestinal obstruction, constipation off & on, abdominal distention: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray
abdomen/ Ba-enema/ Histopathology: Yes/No (Upload reports)

For Eligibility for Hirschsprung Disease the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

7). Congenital Hydronephrosis: S8G2.1

1. Name of the Procedure: Congenital Hydronephrosis
2. Indication: Proved PUJ obstruction
3. Does the patient presented with antenatal hydronephrosis, lump in renal area, pain in abdomen, UTI - pyonephrosis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG/ DTPA Scan/ IVP/ CT IVP: Yes/No (Upload reports)

For Eligibility for Congenital Hydronephrosis the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

8). Cleft Palate: S8G2.10

1. Name of the Procedure: Cleft Palate
2. Indication: Cleft Palate
3. Does the patient presented with defect in palate, nasal regurgitation of feeds: Yes/No
4. If the answer to question 3 is Yes then is there evidence of cleft palate in clinical photograph: Yes/No (Upload photograph)

For Eligibility for Cleft Palate the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

9). Velo-Pharyngeal Incompetence: S8G2.11

1. Name of the Procedure: Velo-Pharyngeal Incompetence
2. Indication: Presence of Velo-Pharyngeal Incompetence
3. Does the patient presented with nasal speech, regurgitation of feeds through nostril:
Yes/No
4. If the answer to question 3 is Yes then is Endoscopy being done: Yes/No (Upload report)

For Eligibility for Velo-Pharyngeal Incompetence the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

10). Syndactyly Of Hand For Each Hand: S8G2.12

1. Name of the Procedure: Syndactyly Of Hand For Each Hand
2. Indication: Syndactyly Of Hand
3. Does the patient presented with fusion of fingers of hand: Yes/No
4. If the answer to question 3 is Yes then is there evidence of syndactyly in clinical photograph: Yes/No (Upload photograph)

For Eligibility for Syndactyly of Hand for Each Hand the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

11). Microtia/ Anotia: S8G2.13

1. Name of the Procedure: Microtia/ Anotia
2. Indication: Microtia/ Anotia/ Malformed pina
3. Does the patient presented with deformed pina: Yes/No
4. If the answer to question 3 is Yes then is there evidence of microtia/ anotia in clinical photograph: Yes/No (Upload photograph)

For Eligibility for Microtia/ Anotia the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

12). TM Joint Ankylosis: S8G2.14

1. Name of the Procedure: TM Joint Ankylosis
2. Indication: TM Joint Ankylosis
3. Does the patient presented with limited jaw movements, restricted opening of mouth:
Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then are the following tests being done – X ray/ OPG/
CT scan face: Yes/No (Upload reports)

For Eligibility for TM Joint Ankylosis the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

13). Hypospadias Stage 1: S8G2.15

1. Name of the Procedure: Hypospadias Stage 1
2. Indication: Hypospadias
3. Does the patient presented with deflection of urine, urethral meatus at abnormal site, curvature of penis: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Hypospadias in clinical photograph: Yes/No (Upload clinical photograph)

For Eligibility for Hypospadias Stage 1 the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

14). Hamartoma Excision: S8G2.16

1. Name of the Procedure: Hamartoma Excision
2. Indication: Hamartoma
3. Does the patient presented with swelling over the body: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then is USG/ CT/ MRI being done: Yes/No (Upload report)

For Eligibility for Hamartoma Excision the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

15). Hemangioma Excision: S8G2.17

1. Name of the Procedure: Hemangioma Excision
2. Indication: Hemangioma
3. Does the patient presented with swelling over the body which is compressible: Yes/No
4. If the answer to question 3 is Yes then whether doppler study is being done: Yes/No
(Upload report)

For Eligibility for Hemangioma Excision the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

16). Lymphangioma Excision: S8G2.18

1. Name of the Procedure: Lymphangioma Excision
2. Indication: Lymphangioma
3. Does the patient presented with swelling in neck/groin or any other area, soft with positive trans-illumination test: Yes/No
4. If the answer to question 3 is Yes then whether USG/ CT scan is being done: Yes/No (Upload report)
5. If the answer to question 4 is Yes, then is the patient having evidence of infection: Yes/No

For Eligibility for Lymphangioma Excision the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

17). Ureteric Reimplantations: S8G2.2

1. Name of the Procedure: Ureteric Reimplantations
2. Indication: VUJ Obstruction/ VU Reflux – Grade III to V/ Ectopic ureter
3. Does the patient presented with history of UTI, urinary incontinence: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG/ IVP/ MCU/ DMSA/ DTPA: Yes/No (Upload reports)

For Eligibility for Ureteric Reimplantations the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

18). Exstrophy Bladder Stage 1: S8G2.3/ Exstrophy Bladder Stage 2: S8G2.4

1. Name of the Procedure: Exstrophy Bladder Stage 1/ Exstrophy Bladder Stage 2
2. Indication: Bladder Exstrophy
3. Does the patient presented with open bladder & urethra, epispadias, urine leakage, wide separated pubic symphysis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray KUB/ USG/ IVP/ MCU/ DMSA/ DTPA: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of small & contracted bladder: Yes/No

For Eligibility for Exstrophy Bladder the answer to question 4 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

19). Posterior Urethral Valves: S8G2.5

1. Name of the Procedure: Posterior Urethral Valves
2. Indication: Posterior Urethral Valves
3. Does the patient presented with antenatal USG showing hydroureteronephrosis, poor stream, UTI, urinary retention: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Serum creatinine, urea, USG/ MCU/ DTPA: Yes/No (Upload reports)

For Eligibility for Posterior Urethral Valves the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

20). Hypospadias Single Stage: S8G2.6/ Hypospadius Stage 2: S8G2.7

1. Name of the Procedure: Hypospadias Single Stage/ Hypospadius Stage 2
2. Indication: Hypospadias
3. Does the patient presented with deflection of urine stream, dysuria: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Hypospadias in clinical photograph: Yes/No (Upload clinical photograph)

For Eligibility for Hypospadias the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

21). Pediatric Tumours: S8G2.8

1. Name of the Procedure: Pediatric Tumours
2. Indication: Pediatric Tumours
3. Does the patient presented with symptoms suggestive of tumor in neck/ chest/ abdomen or sacrococcygeal area: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray, USG, CT/MRI, FNAC/Biopsy: Yes/No (Upload reports)

For Eligibility for Pediatric Tumours the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

22). Cleft Lip: S8G2.9

1. Name of the Procedure: Cleft Lip
2. Indication: Cleft Lip
3. Does the patient presented with cleft lip unilateral or bilateral associated with cleft alveolus: Yes/No
4. If the answer to question 3 is Yes then is there evidence of cleft lip in clinical photograph: Yes/No (Upload clinical photograph)

For Eligibility for Cleft Lip the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

23). Neuroblastoma: S8G3.1

1. Name of the Procedure: Neuroblastoma

2. Indication:

Neuroblastoma Abdomen
Neuroblastoma Chest

3. Does the patient presented with fever, weight loss, irritability, loss of appetite, lump in abdomen: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - X ray, USG/ CT/ MRI/ IVP, Tumour markers/ MIBG/ Bone marrow: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of metastatic disease: Yes/No

For Eligibility for Neuroblastoma the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

24). Neuroblastoma: S8G3.1

1. Name of the Procedure: Neuroblastoma

2. Indication:

Neuroblastoma Abdomen
Neuroblastoma Chest

3. Does the patient presented with fever, weight loss, irritability, loss of appetite, mediastinal mass in chest: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - X ray, USG/ CT/ MRI/ IVP, Tumour markers/ MIBG/ Bone marrow: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of metastatic disease: Yes/No

For Eligibility for Neuroblastoma the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

25). Congenital Dermal Sinus: S8G3.2

1. Name of the Procedure: Congenital Dermal Sinus
2. Indication: Congenital Dermal Sinus/ Tethered Cord/ Diastematomyelia
3. Does the patient presented with sinus over spine, may have bowel or bladder incontinence, weakness, wasting of legs, trophic ulcer of foot: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray spine, CT/ MRI, Neuro USG: Yes/No (Upload reports)

For Eligibility for Congenital Dermal Sinus the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

26). Cystic Lesions of the Neck: S8G3.3

1. Name of the Procedure: Cystic Lesions Of The Neck

2. Indication:

Thyroglossal cyst
Branchial cyst

3. Does the patient presented with midline neck swelling, moves with deglutition: Yes/No
(Upload clinical photograph)

4. If the answer to question 3 is Yes then whether USG Neck/ Thyroid Scan is being done:
Yes/No (Upload report)

For Eligibility for Cystic Lesions of the Neck the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

27). Cystic Lesions of the Neck: S8G3.3

1. Name of the Procedure: Cystic Lesions Of The Neck

2. Indication:

Thyroglossal cyst
Branchial cyst

3. Does the patient presented with swelling in neck: Yes/No (Upload clinical photograph)

4. If the answer to question 3 is Yes then whether USG neck is being done: Yes/No (Upload report)

For Eligibility for Cystic Lesions of the Neck the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

28). Encephalocele: S8G3.4

1. Name of the Procedure: Encephalocele
2. Indication: Swelling over head-post
3. Does the patient presented with swelling over occipital area, bony defect in skull, soft cystic, transillumination may contain brain matter: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray Skull, USG/ CT/ MRI: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of gross microcephaly with gross herniation of brain matter in encephalocele: Yes/No

For Eligibility for Encephalocele the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

29). Sinuses & Fistula of the Neck: S8G3.5

1. Name of the Procedure: Sinuses & Fistula Of The Neck
2. Indication: Branchial sinus/fistula
3. Does the patient presented with sinus/fistula in neck: Yes/No (Upload clinical photograph)
4. If the answer to question 3 is Yes then whether CT Scan/ Sinogram has being done: Yes/No (Upload report)
5. If the answer to question 4 is Yes, then is the patient having evidence of secondary infection: Yes/No

For Eligibility for Sinuses & Fistula of the Neckthe answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

30). Bronchoscopy Foreign Body Removal: S8G4.1

1. Name of the Procedure: Bronchoscopy Foreign Body Removal
2. Indication: Foreign body inhalation
3. Does the patient presented with history of foreign body inhalation, cough/stridor:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray Chest/
Endoscopic video: Yes/No (Upload reports)

For Eligibility for Bronchoscopy Foreign Body Removal the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

31). Paediatric Esophageal Obstructions- Surgical Correction: S8G4.2

1. Name of the Procedure: Paediatric Esophageal Obstructions- Surgical Correction
2. Indication: Achalasia Cardia/ Stricture Oesophagus
3. Does the patient presented with dysphagia, vomiting/regurgitation: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - Upper G.I endoscopy/ Ba swallow: Yes/No (Upload reports)

For Eligibility for Paediatric Esophageal Obstructions- Surgical Correction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

32). Paediatric Esophageal Substitutions: S8G4.3

1. Name of the Procedure: Paediatric Esophageal Substitutions
2. Indication: Oesophageal atresia/ Long stricture oesophagus
3. Does the patient presented with pure oesophageal atresia, anastomotic leak, long stricture oesophagus: Yes/No
4. If the answer to question 3 is Yes then whether contrast X-Ray is being done: Yes/No (Upload report)

For Eligibility for Paediatric Esophageal Substitutions the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

33). Thoracoscopic Cysts Excision: S8G4.4

1. Name of the Procedure: Thoracoscopic Cysts Excision
2. Indication: Lung cyst/ Bronchogenic cyst
3. Does the patient presented with cough, dyspnoea, secondary infection or may be asymptomatic: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray chest/ CT/ MRI/ USG chest: Yes/No (Upload reports)

For Eligibility for Thoracoscopic Cysts Excision the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

34). Thoracoscopic Decortication: S8G4.5

1. Name of the Procedure: Thoracoscopic Decortication
2. Indication: Empyema Chest- loculations, thick walled or broncho pleural fistula
3. Does the patient presented with cough, fever, dyspnoea: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray chest/
CT/ MRI/ USG chest/ Pleural fluid report: Yes/No (Upload reports)

For Eligibility for Thoracoscopic Decortication the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

35). Thoracic Duplications: S8G4.6

1. Name of the Procedure: Thoracic Duplications
2. Indication: Respiratory distress/ Hematemesis/ Perforation of duplication
3. Does the patient presented with history of respiratory distress/ hematemesis/ perforation of duplication or may be asymptomatic: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - X ray chest/ CT/ MRI/ USG chest: Yes/No (Upload reports)

For Eligibility for Thoracic Duplications the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

36). Thoracic Wall Defects- Correction: S8G4.7

1. Name of the Procedure: Thoracic Wall Defects- Correction
2. Indication: Pectus Excavatum/ Pectus Carinatum/ Poland's Syndrome/ Sternal Defects/ Rare Defects
3. Does the patient presented with depression of sternum/ protrusion of sternum/ poland's syndrome/ sternal defects/ rare defects of chest wall: Yes/No
4. If the answer to question 3 is Yes then whether CT chest, PFT is being done: Yes/No (Upload report)

For Eligibility for Thoracic Wall Defects- Correction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

37). Gastric Outlet Obstructions: S8G5.1

1. Name of the Procedure: Gastric Outlet Obstructions
2. Indication: Gastric Outlet Obstruction
3. Does the patient presented with vomiting/ epigastric fullness/ dilated stomach/ pyloric tumor in pyloric stenosis: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG abdomen/ Ba meal/ Upper GI endoscopy: Yes/No (Upload reports)

For Eligibility for Gastric Outlet Obstructions the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

38). Laparoscopic Appendectomy: S8G5.10

1. Name of the Procedure: Laparoscopic Appendectomy
2. Indication: Acute Appendicitis
3. Does the patient presented with pain in abdomen, fever, vomiting: Yes/No
4. If the answer to question 3 is Yes then whether CBC, USG abdomen is being done: Yes/No (Upload report)
5. If the answer to question 4 is Yes, then is the patient having evidence of appendicular lump: Yes/No

For Eligibility for Laparoscopic Appendectomy the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

39). Laparoscopic Cholecystectomy: S8G5.11

1. Name of the Procedure: Laparoscopic Cholecystectomy
2. Indication: Acute Cholecystitis/ Cholelithiasis/ Chronic Cholecystitis
3. Does the patient presented with pain in abdomen, fever, vomiting: Yes/No
4. If the answer to question 3 is Yes then whether USG abdomen is being done: Yes/No
(Upload report)

For Eligibility for Laparoscopic Cholecystectomy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

40). Laparoscopic Pull Through For Ano Rectal Anomalies: S8G5.12

1. Name of the Procedure: Laparoscopic Pull Through For Ano Rectal Anomalies
2. Indication: Ano-rectal anomaly - High type
3. Does the patient presented with absent anus, meconium per urethra, history of colostomy done: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG abdomen/cologram: Yes/No (Upload reports)

For Eligibility for Laparoscopic Pull Through for Ano Rectal Anomalies the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

41). Laparoscopic Pull Through Surgeries For HD: S8G5.2

1. Name of the Procedure: Laparoscopic Pull Through Surgeries For HD
2. Indication: Hirschsprung Disease
3. Does the patient presented with constipation since birth, abdominal distention – on & off: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - USG abdomen, Ba-enema/ Rectal biopsy/ X ray abdomen: Yes/No (Upload reports)

For Eligibility for Laparoscopic Pull through Surgeries for HD the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

42). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with anemia with hepatosplenomegaly: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG abdomen, hematological investigations for Thalassemia major: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

43). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with bruises, petechiae on the extremities, bleeding from the nostrils/gums: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG abdomen, hematological investigations for ITP: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

44). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with easy bruising, easy contracting of bacterial diseases, fever, weakness, heart palpitations, ulcerations of mouth, legs & feet: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/ CT abdomen, Hematological investigations for primary hypersplenism, Bone marrow study/ Biopsy: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

45). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with signs and symptoms suggestive of splenic vein thrombosis: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- USG/ CT abdomen/ Angiogram, Hematological investigations: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

46). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with left upper quadrant pain and tenderness: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/CT abdomen, Hematological investigations: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

47). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with enlarged lymph nodes, fever, drenching night sweats, weight loss, itching, and feeling tired: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - Lymph node biopsy: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

48). Paediatric Splenectomy (Non Traumatic): S8G5.3

1. Name of the Procedure: Paediatric Splenectomy (Non Traumatic)

2. Indication:

Thalassemia major
Idiopathic Thrombocytopenic Purpura
Primary hypersplenism
Splenic vein thrombosis
Splenic cyst
Lymphoma
Splenic infarct

3. Does the patient presented with severe pain in the left upper quadrant of the abdomen, sometimes radiating to the left shoulder, fever and chills: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done - USG/CT abdomen, hematological investigations: Yes/No (Upload reports)

For Eligibility for Paediatric Splenectomy (Non Traumatic) the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

49). Surgeries On Adrenal Gland In Children: S8G5.4

1. Name of the Procedure: Surgeries On Adrenal Gland In Children
2. Indication: Pheochromocytoma/ Adrenal tumors
3. Does the patient presented with headache/hypertension, lump in abdomen: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done - CT/ MRI abdomen, Hormone Assays: Yes/No (Upload reports)

For Eligibility for Surgeries on Adrenal Gland in Children the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

50). Gastro Esophageal Reflux Correction: S8G5.5

1. Name of the Procedure: Gastro Esophageal Reflux Correction
2. Indication: Failure of medical treatment for Gastro Esophageal Reflux/ Anatomical lesion- hiatus hernia, tracheoesophageal fistula
3. Does the patient presented with vomiting, recurrent aspiration pneumonia, stricture lower oesophagus, near-miss sudden infant death syndrome: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Upper G.I endoscopy, CT Scan/ Ba study/ GER Scan: Yes/No (Upload reports)

For Eligibility for Gastro Esophageal Reflux Correction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

51). Hydatid Cysts In Paediatric Patient: S8G5.6

1. Name of the Procedure: Hydatid Cysts In Paediatric Patient

2. Indication:

Hydatid Cyst of lung
Hydatid Cyst of liver

3. Does the patient presented with cough, fever: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done – X ray chest, CT/ MRI chest: Yes/No (Upload reports)

For Eligibility for Hydatid Cysts In Paediatric Patient the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

52). Hydatid Cysts In Paediatric Patient: S8G5.6

1. Name of the Procedure: Hydatid Cysts In Paediatric Patient

2. Indication:

Hydatid Cyst of lung
Hydatid Cyst of liver

3. Does the patient presented with lump in abdomen: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done – USG abdomen/ CT abdomen/ MRI abdomen: Yes/No (Upload reports)

For Eligibility for Hydatid Cysts In Paediatric Patient the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

53). Intestinal Polyposis Surgical Correction: S8G5.7

1. Name of the Procedure: Intestinal Polyposis Surgical Correction
2. Indication: Intestinal Polyposis
3. Does the patient presented with per rectal bleeding, intussusception, history of polyp:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – Ba enema
double contrast/ Colonoscopy: Yes/No (Upload reports)

For Eligibility for Intestinal Polyposis Surgical Correction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

54). Intussusception: S8G5.8

1. Name of the Procedure: Intussusception
2. Indication: Acute or Chronic Intussusception
3. Does the patient presented with colicky pain in abdomen, vomiting, red currant jelly stool: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray abdomen/ USG abdomen/ CT abdomen/ Ba enema: Yes/No (Upload reports)

For Eligibility for Intussusception the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

55). Paediatric Acute Intestinal Obstruction: S8G5.9

1. Name of the Procedure: Paediatric Acute Intestinal Obstruction
2. Indication: Acute Intestinal Obstruction
3. Does the patient presented with pain in abdomen, distention of abdomen, vomiting:
Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – X ray
abdomen/ USG abdomen/ CT abdomen: Yes/No (Upload reports)

For Eligibility for Paediatric Acute Intestinal Obstruction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

56). Nephrectomy: S8G6.1

1. Name of the Procedure: Nephrectomy
2. Indication: Non functioning kidney/ Multi cystic kidney/ Reflux nephropathy/ Renal trauma
3. Does the patient presented with symptoms of primary renal disease: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG abdomen, CT/ MRI abdomen/ DTPA/ DMSA Scan: Yes/No (Upload reports)

For Eligibility for Nephrectomy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

57). Epispadiasis - Correction: S8G6.2

1. Name of the Procedure: Epispadiasis - Correction
2. Indication: Epispadiasis
3. Does the patient presented with urethral opening on dorsal surface, may have urinary incontinence: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG abdomen, X ray pelvis: Yes/No (Upload reports)

For Eligibility for Epispadiasis – Correction the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

58). Scrotal Transposition Repair: S8G6.3

1. Name of the Procedure: Scrotal Transposition Repair
2. Indication: Peno-Scrotal Transposition
3. Does the patient presented with penis at the level or below the scrotum : Yes/No
4. If the answer to question 3 is Yes then whether USG pelvis is being done: Yes/No
(Upload report)

For Eligibility for Scrotal Transposition Repair the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

59). Undescended Testis: S8G6.4

1. Name of the Procedure: Undescended Testis
2. Indication: Undescended Testis
3. Does the patient presented with empty scrotum: Yes/No
4. If the answer to question 3 is Yes then whether USG abdomen is being done: Yes/No
(Upload report)

For Eligibility for Undescended Testis the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

60). Torsion Testis: S8G6.5

1. Name of the Procedure: Torsion Testis
2. Indication: Acute Torsion Testis
3. Does the patient presented with acute scrotal pain, swelling : Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG scrotum/ Scrotal doppler: Yes/No (Upload reports)

For Eligibility for Torsion Testis the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

61). Laparoscopic Orchidopexy: S8G6.6

1. Name of the Procedure: Laparoscopic Orchidopexy
2. Indication: Non palpable undescended testis
3. Does the patient presented with empty scrotum: Yes/No
4. If the answer to question 3 is Yes then whether USG abdomen & pelvis is being done:
Yes/No (Upload reports)

For Eligibility for Laparoscopic Orchidopexy the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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NAME OF THE HOSPITAL: _____

62). Laparoscopic Varicocele Ligation: S8G6.7

1. Name of the Procedure: Laparoscopic Varicocele Ligation
2. Indication: Varicocele
3. Does the patient presented with scrotal swelling either unilateral or bilateral: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done – USG abdomen & pelvis/ Doppler scrotum: Yes/No (Upload reports)

For Eligibility for Laparoscopic Varicocele Ligation the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

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