

NAME OF THE HOSPITAL: \_\_\_\_\_

10). Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay:  
M13U2.3

1. Name of the Procedure: Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay
2. Indication: Delayed puberty hypogonadism
3. Does the patient presented with stunted growth, delayed bone age and absence of Secondary Sexual Characters: Yes/No (Upload Clinical Photograph)
4. If the answer to question 3 is Yes, then is the Hormonal assay like LH, FSH, Testosterone, Prolactin, T3, T4, TSH, Basal Cortisol & IGF1 done: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the MRI/CT brain for pituitary visualization suggestive of the abnormality : Yes/No (Upload reports)
6. If the answer to question 5 is Yes, then is the Chromosomal study suggestive of Genetic Syndromes (Ex. Turners Synd, Klinefelter Synd): Yes/No (Upload Chromosomal study report)—Optional

For Eligibility for Delayed Puberty Hypogonadism (Ex. Turners Synd, Klinefelter Synd) 5 Days Stay the answer to question 5 should be Yes.

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

Treating Doctor Signature with Stamp

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