

NAME OF THE HOSPITAL: _____

14. Laproscopic Ectopic Resection: Unruptured Ectopic Pregnancy: S4C2.11

1. Name of the Procedure: Laproscopic Ectopic Resection
2. Select the Indication from the drop down of various indications provided under this head

Unruptured ectopic pregnancy

Ruptured ectopic pregnancy

3. Is there evidence of ectopic pregnancy confirmed by clinical examination and USG:
Yes/No (Upload USG Report)
4. If answer to questions 3 is yesthen whether patient is eligible for medical treatment with Injection Methotrexate judged through following parameters:
 - a. Adnexal mass \leq 3.5 cm in size on USG: Yes/ No
 - b. Cardiac activity is absent: Yes/ No
 - c. B-HCG values $<$ 1500 mIU/ml: Yes/ No (Upload report)

For eligibility for Laproscopic Ectopic Resection in Unruptured ectopic pregnancy the answer to question 4a, 4B AND 4c 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: _____

15. Laproscopic Ectopic Resection: Ruptured Ectopic Pregnancy: S4C2.11

1. Name of the Procedure: Laproscopic Ectopic Resection
2. Select the Indication from the drop down of various indications provided under this head

Unruptured ectopic pregnancy
Ruptured ectopic pregnancy

3. Is there evidence of ruptured ectopic pregnancy confirmed by clinical examination and USG: Yes/No (Upload USG Report)
4. If the answer to questions 3 is yes then whether patient is hemodynamically stable: Yes/No

For eligibility for Laproscopic Ectopic Resection in case of ruptured ectopic pregnancy the answers 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
