

### CONFIDENTIAL CASE REPORT OF RH HEMOLYTIC DISEASE OF THE NEWBORN

Report the following cases: A) Rh Hemolytic disease of the newborn due to Rh(D) incompatibility; B) Erythroblastosis fetalis due to Rh(D) incompatibility; C) ICD-10-CM codes P55.0 (for infant) or 036.0xxx (for mother) ONLY \*(NOTE: If the code is ONLY P55.1, indicating that the case is one of ABO incompatibility, DO NOT REPORT). Please use mother and newborn/stillborn medical records. If you have questions, contact your blood bank, skilled medical professionals, or call the California Genetic Disease Screening Program at 510/620-3251. These data are confidential and are not available for public access.

#### REPORTING SOURCE

1. NAME OF REPORTING HOSPITAL			6. NAME OF PERSON PREPARING REPORT		
2. HOSPITAL STREET ADDRESS			7. TITLE OF PERSON PREPARING REPORT		8. DATE FORM COMPLETED
3. CITY	4. STATE	5. ZIP	9. TELEPHONE NUMBER (Include area code)		10. TELEPHONE EXTENSION

#### INFANT

11. INFANT'S LAST NAME			12. INFANT'S FIRST NAME		
13. INFANT'S AKA			14. BIRTHWEIGHT (in grams)		15. GESTATIONAL AGE (in weeks) AT BIRTH
16. DATE OF BIRTH		17. INFANT'S MEDICAL RECORD #		18. INFANT'S GENDER MALE      FEMALE	
19. INFANT'S RACE/ETHNICITY (check all that apply)					
BLACK		VIETNAMESE	CHINESE	SAMOAN	UNKNOWN
NATIVE AMERICAN		CAMBODIAN	JAPANESE	HAWAIIAN	
WHITE		LAOTIAN (from Laos)	KOREAN	GUAMANIAN	
HISPANIC		ASIAN INDIAN	OTHER SOUTHEAST ASIAN	FILIPINO	OTHER Specify: <input style="width: 100px;" type="text"/>
20. Rh TYPE		24. ANEMIA AT BIRTH?	25. BILIRUBIN VALUES	26. TREATMENT	27. WAS THE ELEVATED BILIRUBIN DUE TO RH HEMOLYTIC DISEASE?
D+      D-      D weak (Du)		NONE	Record up to 4 Values	EXCHANGE TRANSFUSION	YES      NO      UNKNOWN
21. ABO BLOOD GROUP		MILD	TOTAL	PHOTOTHERAPY	28. WAS RH HEMOLYTIC DISEASE RECORDED BY CLINICIANS IN INFANT'S MEDICAL RECORDS?
A      B      AB      O		HGB 9.5-10 g/dl	AGE at TEST (in hours)	NONE	YES      NO
22. ICD-10 CM CODE(S) (P55.0 or 036.0xxx)		MODERATE	-----	INTRAUTERINE FETAL TRANSFUSION	29. DISCHARGE STATUS OF INFANT
		HGB 8-9.4 g/dl	-----	OTHER Specify:	ALIVE      DECEASED
23. ANTI-D (DIRECT COOMBS)		SEVERE	-----		STILLBORN / FETAL DEMISE
POSITIVE/ WEAKLY POSITIVE      NEGATIVE		LIFE THREATENING	-----		
		HGB <6.5 g/dl			
30. WAS INFANT TRANSFERRED FROM BIRTH HOSPITAL?			31. HOSPITAL INFANT TRANSFERRED TO:		
YES      NO      UNKNOWN			Name of transfer hospital:		

#### MOTHER

32. MOTHER'S LAST NAME			33. MOTHER'S FIRST NAME		
34. MOTHER'S AKA/MAIDEN NAME			35. MOTHER'S BIRTHDATE (mm/dd/yyyy)		36. MOTHER'S MEDICAL RECORD NUMBER:
37. MOTHER'S RACE/ETHNICITY (check all that apply)					
BLACK		VIETNAMESE	CHINESE	SAMOAN	UNKNOWN
NATIVE AMERICAN		CAMBODIAN	JAPANESE	HAWAIIAN	
WHITE		LAOTIAN (from Laos)	KOREAN	GUAMANIAN	
HISPANIC		ASIAN INDIAN	OTHER SOUTHEAST ASIAN	FILIPINO	OTHER Specify: <input style="width: 100px;" type="text"/>
38. COUNTRY OF MOTHER'S BIRTH Specify:		42. ANTI-D ANTIBODY TITER (indirect coombs)		43. MOTHER'S NATAL HISTORY	
UNITED STATES      OTHER COUNTRY		LEVEL	DATE/S (mm/dd/yyyy)	TOTAL NUMBER OF PREVIOUS PREGNANCIES	TOTAL NUMBER OF PREVIOUS LIVEBIRTHS
39. Rh TYPE		-----	-----	TOTAL NUMBER OF PREVIOUS PREGNANCIES	TOTAL NUMBER OF PREVIOUS LIVEBIRTHS
D+      D-      D weak (Du)					
40. ABO BLOOD GROUP				44. DID MOTHER HAVE AN AMNIOCENTESIS FOR THIS PREGNANCY?	DID MOTHER HAVE AN AMNIOCENTESIS FOR A PREVIOUS PREGNANCY?
A      B      AB      O				YES      NO	YES      NO
41. WAS ANTI-D PROPHYLAXIS (RhoGAM) ADMINISTERED?				<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>GENETIC DISEASE SCREENING PROGRAM</b>                      California Department of Public Health                      850 Marina Bay Parkway                      Room F-175, Mail Stop 8200                      Richmond, CA 94804                      Telephone (510) 620-3251 Fax (510) 412-1511                 </div>	
YES      NO					
IF YES, PROVIDE DATE/S: (mm/dd/yyyy)					
<input style="width: 100px; height: 20px;" type="text"/>					
<input style="width: 100px; height: 20px;" type="text"/>		TITER NOT DONE	TITER LEVEL UNKNOWN		

# Guideline for Rh Hemolytic Disease of the Newborn Case Report Form

