# QUARTERLY TRACKING OF BIRTH DEFECTS

## Neural Tube Defects and Chromosomal Abnormalities

INSTRUCTIONS: The California code of regulations, Title 17, sections 6531 and 6532 requires the reporting of neural tube defects and chromosomal abnormalities in a fetus or infant up to one year of age, within 30 days of initial diagnosis. Many hospitals and clinics have requested that they be allowed to submit these data on a quarterly basis rather than on a case-by-case basis. If your center prefers reporting these data on a quarterly basis, this form is provided as a mechanism for aiding you in this process. This form should be duplicated and a copy of it submitted to the department on a quarterly basis. It is expected that in some quarters there will be no data to report, but to assure the department that you are still tracking birth defects we request that you still submit this form and check the appropriate box indicating that you have no data to report. We hope that this modification will help your center in making the reporting of birth defects as streamlined and simple as possible.

Please complete and submit this form along with the Confidential Case Report of a Birth Defect or your Chromosome abnormality report to our office within 30 days after the end of each quarter.

You may either mail this form and the accompanying Confidential Case Reports to us at the following address:

California Department of Public Health
Genetic Disease Screening Program
850 Marina Bay Parkway, Room F-175,
Mail Stop 8200
Richmond, CA 94804

Or you may fax them to: 510/412-1560.

| REPORTING HOSPITAL OR CLINIC | | PERSON PREPARING REPORT | |
|---|---|---|---|
| 1. NAME OF HOSPITAL OR CLINIC | | 6. NAME | |
| 2. STREET ADDRESS | | 7. TITLE | 8. DEGREE |
| 3. CITY | | 9. DEPARTMENT | |
| 4. STATE | 5. ZIP | 10. TELEPHONE NUMBER *(please include area code)* | 11. EXTENSION |

### REPORTING STATUS

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|---|---|---|---|
| 12. DATE OF FORM SUBMISSION | 14. CHECK QUARTER FOR WHICH YOU ARE SUBMITTING DATA:<br>QUARTER 1 JANUARY - MARCH<br>QUARTER 3 JULY - SEPTEMBER<br>QUARTER 2 APRIL - JUNE<br>QUARTER 4 OCTOBER - DECEMBER | 15. CHECK HERE IF THERE ARE NO BIRTH DEFECTS TO REPORT FOR THIS QUARTER AND YEAR: | 16. # OF CCR FORMS FOR NTD CASES SUBMITTED |
| 13. REPORTING YEAR: | | | 17. # OF CHROMOSOMAL ABNORMALITY CASES SUBMITTED ON PRINT OUT |

In the future, you may access a copy of this form on our website at:
http://cdph.ca.gov/GDSP/Pages/PDE_Downloadable_Documents.aspx

If you have questions or concerns, please contact Sylvia Smith at 510/412-1524. Or you may email Sylvia at Sylvia.Smith5@cdph.ca.gov.