

Confidential Case Report of a Birth Defect In a Fetus or Infant Less than One Year of Age

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Genetic Disease Screening Program
850 Marina Bay Parkway
Room F-175, Mailstop 8200
Richmond, CA 94804

(510) 412-1560 (FAX)

INSTRUCTIONS

- In accordance with State of California law (*California Code of Regulations, Title 17, Sections 6531 & 6532*), report neural tube defects (NTDs) and/or chromosomal abnormalities found in fetuses or infants less than one year of age to the California Genetic Disease Screening Program (GDSP) within 30 days of initial diagnosis.
- Reportable neural tube defects (NTDs) are outlined by **ICD-9-CM Codes 740.0-742.0**.
- Reportable chromosomal abnormalities are outlined by **ICD-9-CM Codes 758.0-758.9**.
- Submit a separate form for each individual specimen and for each fetus or infant in a multiple gestation.
- Report the simultaneous occurrence of a neural tube defect and a chromosomal abnormality for the same patient on one single form.
- Print clearly in ink or type using UPPER CASE.
- Fill bubbles completely when marking.

INFORMATION ABOUT THE MOTHER

1. LAST NAME										2. FIRST NAME										3. MIDDLE INITIAL									
4. MAIDEN NAME / AKA / OTHER NAMES USED FOR MOTHER										5. PRENATAL ACCESSION NUMBER (if mother participated in the California Expanded AFP Screening Program)																			
6. DATE OF BIRTH (MM/DD/YYYY)										7. APPROXIMATE AGE AT EDD (if date of birth is unknown)										8. SOCIAL SECURITY NUMBER									
9. STREET ADDRESS (include apartment number)																													
10. CITY										11. STATE										12. ZIP CODE									
13. MOTHER'S RACE / ETHNICITY (mark all that apply)																													
<input type="radio"/> Asian Indian <input type="radio"/> Chinese <input type="radio"/> Hawaiian <input type="radio"/> Korean <input type="radio"/> Native American <input type="radio"/> White <input type="radio"/> Other (specify) <input type="radio"/> Black <input type="radio"/> Filipino <input type="radio"/> Hispanic <input type="radio"/> Laotian <input type="radio"/> Samoan <input type="radio"/> Unknown <input type="radio"/> Cambodian <input type="radio"/> Guamanian <input type="radio"/> Japanese <input type="radio"/> Middle Eastern <input type="radio"/> Vietnamese <input type="radio"/> Other Southeast Asian																													

INFORMATION ABOUT THE INFANT

14. LAST NAME										15. FIRST NAME										16. GENDER									
17. OTHER NAMES USED FOR INFANT										18. DATE OF BIRTH (MM/DD/YYYY)																			
19. FETUS LETTER CODE (A, B, C, etc.)										20. BIRTHWEIGHT OF INFANT										21. IF DECEASED, DATE OF EXPIRATION (MM/DD/YYYY)									
										grams or										pounds/ounces									

INFORMATION ABOUT THE REPORTING SOURCE

22. LAST NAME (of person completing this form)										23. FIRST NAME (of person completing this form)									
24. DATE FORM COMPLETED (MM/DD/YYYY)										25. TELEPHONE NUMBER (including extension)									
26. FACILITY TYPE										27. FACILITY NAME AND ADDRESS									
<input type="radio"/> Cytogenetic Laboratory <input type="radio"/> PDC (please provide PDC Code) <input type="radio"/> Other (specify) <input type="radio"/> Hospital <input type="radio"/> MD																			

INFORMATION ABOUT THE PREGNANCY

28. LMP / LAST MENSTRUAL PERIOD (MM/DD/YYYY)										32. PREGNANCY STATUS										33. DATE OF PREGNANCY STATUS (MM/DD/YYYY)									
29. EDD / ESTIMATED DATE OF DELIVERY (MM/DD/YYYY)										<input type="radio"/> Continuing Pregnancy <input type="radio"/> Elective Termination <input type="radio"/> Fetal Demise / SAB / Stillbirth / Missed Abortion <input type="radio"/> Pregnancy Completed with a Livebirth <input type="radio"/> Selective Reduction <input type="radio"/> Unknown / Lost to Follow-Up <input type="radio"/> Other (specify)										34. GESTATIONAL AGE AT TIME OF STATUS									
30. # OF FETUSES IN PREGNANCY (including fetal demises)																				weeks/days									
31. # OF FETUSES IN PREGNANCY WITH A BIRTH DEFECT																				35. METHOD USED TO DETERMINE GESTATIONAL AGE									
																				<input type="radio"/> LMP <input type="radio"/> Physical Exam <input type="radio"/> Ultrasound									

PRIVACY STATEMENT: The Information Practices Act of 1977 (Civil Code 1798 et. seq.) requires that the following details be provided when a form is used to obtain information from individuals. The data requested in this form are required by the Genetic Disease Screening Program (GDSP) of the California Department of Public Health and are mandated by California Code of Regulations, Title 17, Section 6532. These data are used to provide information to subjects on the prevention of birth defects, to determine the prevalence of neural tube defects and chromosomal abnormalities, and to monitor trends of occurrence. These data will also be used to determine the effectiveness of the California Expanded Alpha Fetoprotein (AFP) Screening Program. It is mandatory that health professionals completing this form provide complete and accurate information. The records maintained by the GDSP are confidential, as defined in Civil Code 1798.34, and are exempt from access by any individual, except licensed medical personnel designated by the subject. The information may also be used in special studies, as defined in Health and Safety Code 100330. The furnishing of such information to the Department or its authorized representative or any other cooperating individual, agency, or organization in any such special study shall not subject any person, hospital, or other organization furnishing such information to any actions or damages.

