Quarterly Tracking of Birth Defects

Neural Tube Defects and Chromosomal Abnormalities

California Department of Public Health
Genetic Disease Screening Program

State of California law (*California Code of Regulations, Title 17, Sections 6531 & 6532*) requires that neural tube defects (NTDs) and/or chromosomal abnormalities found in fetuses or infants less than one year of age be reported to the California Genetic Disease Screening Program (GDSP). ***HIPAA does not affect this reporting requirement***. While California law mandates that these data be submitted within 30 days of diagnosis, many facilities find it more practical to submit reports on a quarterly basis. Accordingly, this Quarterly Tracking of Birth Defects Form is provided to facilitate quarterly reporting.

This Quarterly Tracking of Birth Defects Form should serve as a cover page for the quarterly report submission. If there are no birth defect cases to report for the quarter, simply complete the form and return it by itself. If there are birth defect cases to report on behalf of your hospital or clinic, please be sure to indicate the quantities of reportable cases and include all companion forms and any available cytogenetic laboratory reports. All forms relevant to quarterly reporting are available online. **http://ww2.cdph.ca.gov/programs/GDSP/Pages/PDE_Downloadable_Documents.aspx**

The Confidential Case Report (CCR) of a Birth Defect Form is designed for reporting neural tube defects and chromosomal abnormalities. To report neural tube defects (***ICD-9-CM Codes 740.0-742.0***), please complete and submit a CCR Form for each case. To make reporting less labor intensive, the Chromosomal Abnormalities Worksheet is designed to collect essential data about more than one case on a single page. To report chromosomal abnormalities (***ICD-9-CM Codes 758.0-758.9***), please complete and submit either a Chromosomal Abnormalities Worksheet for the quarter or individual CCR Forms for each case. Should the occurrence of both a neural tube defect and a chromosomal abnormality need to be reported for the same patient, please submit only one CCR Form with information pertaining to both conditions. If any information requested on a form is unavailable, please be sure to indicate any other possible source where such information might be obtained.

Fax quarterly report submissions to:

(510) 412-1560
Attention: Colin Hennigan

-or-

Address mailed correspondence to:

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

Reporting Hospital or Clinic		Person Submitting Report	
1. NAME OF HOSPITAL OR CLINIC		6. NAME OF PERSON	
2. STREET ADDRESS		7. JOB TITLE	8. DEGREE
3. CITY		9. DEPARTMENT	
4. STATE	5. ZIP	10. TELEPHONE NUMBER (*including area code*)	11. EXTENSION

Cases To Report This Quarter

12. DATE OF REPORT SUBMISSION	14. REPORTING PERIOD ◯ QUARTER 1: JANUARY-MARCH ◯ QUARTER 2: APRIL-JUNE ◯ QUARTER 3: JULY-SEPTEMBER ◯ QUARTER 4: OCTOBER-DECEMBER	15. MARK BOX IF THERE ARE NO BIRTH DEFECT CASES TO REPORT FOR THE QUARTER ☐	16. NUMBER OF NTD CASES (*please include relevant CCRs*)
13. REPORTING YEAR			17. NUMBER OF CHROMOSOMAL ABNORMALITY CASES (*please list on worksheet*)

Please contact Colin Hennigan at **(510) 412-1524** or **colin.hennigan@cdph.ca.gov** if you have any questions or concerns. Thank you for your cooperation.

Print Form