Birth Defects Surveillance Programme

Case record ID: Date of report: (dd/mm/yyyy)	Name of health facility: City: Province/State/Territory:

FETUS / NEONATE

Name, if available:

Date of birth: (dd/mm/yyyy) Date of diagnosis of congenital anomaly: (dd/mm/yyyy)

Sex:
◯ male ◯ female ◯ ambiguous ◯ missing/unknown

Outcome at birth:
◯ live birth ◯ stillbirth
◯ elective termination of pregnancy with fetal anomaly

Gestational age: (completed weeks)

Best estimation: ultrasound: LMP: other:

Weight: (grams) Length: (cm)

Head circumference: (cm)

Multiple birth: ◯ Yes ◯ No If yes, specify:

Photographs taken: ◯ Yes ◯ No

Did neonate die? ◯ Yes ◯ No

If yes, specify date of death: (dd/mm/yyyy)

Cause of death:

Autopsy: ◯ Yes ◯ No If yes, specify details on back of this sheet.

PARENTS

Father's given name(s):

Father's family name(s):

Father's date of birth: (dd/mm/yyyy) Father's age: (completed years)

Race/ethnicity:

Mother's given name(s):

Mother's family name(s) (including maiden name):

Mother's date of birth: (dd/mm/yyyy) Mother's age: (completed years)

Race/ethnicity:

Primary address during 1st trimester of pregnancy:

Town/city: Province:

Current address (If different from above):

Town/city: Province:

Telephone number:

Total number of previous: live births: stillbirths:

spontaneous abortions: terminations of pregnancy:

Are parents of fetus/neonate related? ◯ Yes ◯ No

If yes, specify: ◯ first cousins ◯ second cousins ◯ aunt – nephew ◯ uncle – niece ◯ other (specify):

Congenital anomaly present	Full description of congenital anomaly (use back of form if needed)	ICD-10 code	C or P*
1.			◯ C ◯ P
2.			◯ C ◯ P
3.			◯ C ◯ P
4.			◯ C ◯ P
5.			◯ C ◯ P
6.			◯ C ◯ P
7.			◯ C ◯ P
8.			◯ C ◯ P
9.			◯ C ◯ P
10.			◯ C ◯ P

Diagnostic tests performed, pending results; notes and comments:

* C = Confirmed diagnosis
P = Possible diagnosis

Name of professional completing the form:
◯ physician ◯ nurse ◯ other (specify):

Contact information:

Additional information for autopsy:

Additional information for congenital anomaly:

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