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| **COUNCIL OF OBSTETRIC & PAEDIATRIC MORTALITY & MORBIDITY LOGO**  **OUNCIL OF OBSTETRIC & PAEDIATRIC MORTALITY & MORBIDITY** |
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| **TASMANIAN CONGENITAL ABNORMALITY NOTIFICATION FORM** |
| This notification form must be completed for all infants (both liveborn and stillborn) where a congenital abnormality is detected during pregnancy and/or before discharge from birthing hospital. To be completed by the clinician.*Effective 1 January 2019*

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| **MOTHER’S DETAILS** |
|  |
| **Hospital code** |  |  |  |  | **URN** |  |  |  |  |  |  |  |  |  | **Suburb**  |  |
|  |
| **Surname** |  | **First name** |  | **Date of birth**(DDMMYYYY) |  |  |  |  |  |  |  |  |
|  |
| **BABY’S DETAILS** |
|  |
| **URN** |  |  |  |  |  |  |  |  |  |  | **Date of birth**(DDMMYYYY) |  |  |  |  |  |  |  |  | **Birth order** |  |

Please list each anomaly separately:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** |  |  | **6.** |  |
| **2.** |  |  | **7.** |  |
| **3.** |  |  | **8.** |  |
| **4.** |  |  | **9.** |  |
| **5.** |  |  | **10.** |  |

|  |
| --- |
| **Case summary** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Printed name** |  |  | **Designation** |  |
|  |  |  |  |  |
| **Signature** |  |  | **Date****(DDMMYYYY)** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

When you are ready to submit this Form, please:

|  |  |
| --- | --- |
| Email: | ppp.perinataldata@health.tas.gov.au |
| Post (using confidential envelope): | Tasmanian Perinatal Data Collection ServicesHealth Information - Monitoring Reporting and Analysis UnitPlanning Purchasing and Performance GroupDepartment of Health GPO Box 125Hobart TAS 7001 |

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