Mississippi State Department of Health

Birth Defects Registry Reporting Form
Genetics Services
Post Office Box 1700
Jackson, MS 39215-1700
Phone: 601-576-7619

The physician must report every birth defect case the first time the patient is seen. A reporting form is required when reporting a suspected or diagnosed birth defect. If the patient is seen for another birth defect on another occasion, that defect shall also be reported.

1. Patient's Information

Patient's name: _____ (Last) _____ (First) _____ (MI) _____ (Suffix) ____/____/____ (Date of Birth)

Sex: ___ Male ___ Female **Race:** ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other _____ (Specify)

Admission date: _____ **Discharge date:** _____ **Medical Record #:** _____

Mississippi Resident at Birth: _____ Yes _____ No

2. Birth Information (If Known)

Delivery status: ___ Fetal Death ___ Live Birth ___ Stillborn

Birth Multiplicity: ___ Single ___ Twin ___ More than two **Birth Weight** _____ (Grams) **Head Circumference** _____ (Time of Birth)

Birth Facility: _____

Current Medical Provider: _____

3. Birth Mother (or Other Responsible Party if Mother Unknown)

Name: _____ (First) _____ (Middle) _____ (Last) _____ (Relationship to patient)

Address: _____

City, State, Zip: _____ **County:** _____

Date of Birth: _____/_____/_____

Caregiver Name: (If different from above) _____ (First) _____ (Middle) _____ (Last)

4. Diagnosis (ICD 10 and brief description)

Categorical Criteria for Reporting: Structural, Functional, Developmental (Includes CNS abnormalities), Related to Congenital Infection

5. Contact Information

Hospital: _____

Reporting Physician: _____

Date reported: _____

Submitter's name: _____

Submitter's phone #: _____
Hospital staff to contact if additional information is needed

Additional Information

6. Death Information (If applicable)

Death Date: _____/_____/_____

Confidential Information

BIRTH DEFECTS REGISTRY REPORTING FORM
FORM No. 272

PURPOSE

This form is designed for documentation and reporting of all infants and children with birth defects from birth to 21 years of age to the State's Birth Defects Registry.

INSTRUCTIONS

1. Patient's Information

Last - Enter last name at birth, along with new last name (if name has changed since birth).

First - Enter first name (if known).

Middle - Enter middle name (if known).

Suffix - Enter suffix (if known).

Date of Birth - Enter infant's date of birth.

Sex - Check Male or Female.

Race - Check race.

Admission Date - Enter month, day and year of hospital admission.

Discharge date - Enter month, day and year infant was discharged from hospital.

Medical Record - Enter number assigned to the record by the facility to track medical records.

Mississippi Resident Birth - Check whether infant's mother was a Mississippi resident at birth.

2. Birth Information (If Known)

Delivery Status - Check fetal delivery status.

Birth Multiplicity - Check if a single birth, a twin or more than two.

Birth Weight - Enter infant's weight at birth in grams.

Head Circumference (at Birth) - Enter infant's head circumference at birth.

Birth Facility - Enter name of hospital where infant was born.

Current Medical Provider - Enter name of pediatrician or primary care provider.

3. Birth Mother (or Other Responsible Party if Mother Unknown)

Name - Enter first name, middle name and last name.

Relationship to Patient - Enter relationship to infant.

Address - Enter address (street name and house or apartment number, or P.O. Box)

City/State/Zip - Enter city, state and zip code.

County - Enter county where mother lives.

Mother's Date of Birth - Enter month, day and year of mother's birth.

Caregiver Name - Enter name of caregiver if different from birth mother.

4. Diagnosis

Enter ICD code that corresponds to the condition and a brief description of diagnosis/defect.

5. Contact Information

Hospital - Enter name of hospital submitting the report.

Reporting Physician - Enter name of the physician reporting birth defect.

Date reported - Enter date of report.

Submitted by Name/Phone - Enter name of person submitting report and complete telephone number.

6. Death Information

Date - Enter date of death (if applicable).

OFFICE MECHANICS AND FILING

The completed forms are sent to:

Genetic Services/Birth Defects Surveillance Registry
Mississippi State Department of Health
P.O. Box 1700
Jackson, MS 39215-1700

The information is entered into the Birth Defects Surveillance Registry (BDSR).
The form is shredded after data is entered.

(2/2017)