**Abstraction Form – DRAFT June 2016**

**Surveillance of Microcephaly and Other Central Nervous System (CNS) Defects**

Identification Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Abstraction Source | Date of Admission | Date of Discharge | Medical Record Number | Date of Abstraction |
|  | *\_\_\_/\_\_\_/\_\_\_* | *\_\_\_/\_\_\_/\_\_\_* | 🞏 Mother 🞏 Baby | *\_\_\_/\_\_\_/\_\_\_* |
|  | *\_\_\_/\_\_\_/\_\_\_* | *\_\_\_/\_\_\_/\_\_\_* | 🞏 Mother 🞏 Baby | *\_\_\_/\_\_\_/\_\_\_* |
|  | *\_\_\_/\_\_\_/\_\_\_* | *\_\_\_/\_\_\_/\_\_\_* | 🞏 Mother 🞏 Baby | *\_\_\_/\_\_\_/\_\_\_* |

## Demographics & Contact Information

Child’s Name (First, Middle, Last): Also Known As (AKA) Name: \_\_\_\_\_\_

Hospital of Birth:

Child’s Ethnicity: 🞏 Hispanic 🞏 Not Hispanic 🞏 UNK/NS

Child’s Race (check all that apply): 🞏 White 🞏 Black 🞏 Asian 🞏 American Indian or Alaska Native

🞏 Hawaiian or Pacific Islander 🞏 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 UNK/NS

Child living with: 🞏 Mother 🞏 Other

If other, relationship to Child: Name:

If other, phone: (Home) (Cell)

Mother’s Name (First, Middle, Last):

Mother’s Maiden Name:

Mother’s Date of Birth: *\_\_\_/\_\_\_/\_\_\_* If date unknown, Mother’s age: *\_\_\_*

Mother’s Resident Address at Delivery:

City: State: *\_\_\_* Zip Code: *\_\_* *\_* Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Most Recent Address: 🞏 Same as address at delivery

City: State: *\_\_\_* Zip Code: *\_\_* *\_* Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Phone: (Home) (Cell)

Mother’s Ethnicity: 🞏 Hispanic 🞏 Not Hispanic 🞏 UNK/NS

Mother’s Race: 🞏 White 🞏 Black 🞏 Asian 🞏 American Indian or Alaska Native

🞏 Hawaiian or Pacific Islander 🞏 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 UNK/NS

Father’s Name: 🞏 Father’s Information Unavailable

Father’s Date of Birth: *\_\_\_/\_\_\_/\_\_\_* If date unknown, Father’s age: \_\_\_\_

Father’s Recent Street Address: 🞏 Same as Mother

City: State: *\_\_\_* Zip Code: *\_\_* *\_*

Father’s Phone: (Home) (Cell)

Father’s Ethnicity: 🞏 Hispanic 🞏 Not Hispanic 🞏 UNK/NS

Father’s Race: 🞏 White 🞏 Black 🞏 Asian 🞏 American Indian or Alaska Native

🞏 Hawaiian or Pacific Islander 🞏 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 UNK/NS

**Physician Contact for Follow-up**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone: | Location |
| Pediatrician |  |  |  |
| Other infant/child care provider |  |  |  |
| Obstetrician |  |  |  |
| Other prenatal care provider |  |  |  |
| Other |  |  |  |

## Maternal Information / TRAVEL HISTORY

**Past Pregnancy History**

Number of Previous Pregnancies: Live born \_\_\_ Miscarriage(s), < 20 wks \_\_\_

Stillbirth(s), 20 wks or greater \_\_\_ Elective Termination(s) \_\_\_

**Current Pregnancy**

Date of Last Menstrual Period (LMP): *\_\_\_/\_\_\_/\_\_\_*

Estimated Date of Delivery (EDD): *\_\_\_/\_\_\_/\_\_\_*

Zika Virus-Associated Travel History:

Mother 🞏 Yes 🞏 No 🞏 UNK/NS

If yes, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*

If yes, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*

Father 🞏 Yes 🞏 No 🞏 UNK/NS

If yes, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*

If yes, location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*

Zika Virus Infection in Father Diagnosed/Suspected 🞏 Yes 🞏 No 🞏 Suspected 🞏 UNK/NS

If yes, specify date: *\_\_\_/\_\_\_/\_\_\_*

**Maternal Symptoms During Pregnancy**

|  |  |  |  |
| --- | --- | --- | --- |
| Symptoms (indicate all episodes) | Status | Date of Onset | Gestational Age or Trimester |
| Fever | 🞏 Yes 🞏 No 🞏 UNK/NS | *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_ weeks / Tri: 1st 2nd 3rd |
| Rash | 🞏 Yes 🞏 No 🞏 UNK/NS | *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_ weeks / Tri: 1st 2nd 3rd |
| Conjunctivitis | 🞏 Yes 🞏 No 🞏 UNK/NS | *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_ weeks / Tri: 1st 2nd 3rd |
| Arthralgia/Myalgia | 🞏 Yes 🞏 No 🞏 UNK/NS | *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_ weeks / Tri: 1st 2nd 3rd |
| Other symptom (specify each separately) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_ weeks / Tri: 1st 2nd 3rd |

**Maternal Conditions/Exposures During Pregnancy**

|  |  |  |
| --- | --- | --- |
| Maternal Conditions | Status | Trimester(s) of condition/exposure |
| Diabetes (Circle type: Type 1, Type 2, Gestational, Unspecified) | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Alcohol Use | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Mercury Exposure | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Cigarettes smoked | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Cocaine use | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| PKU | 🞏 Yes 🞏 No 🞏 UNK/NS | N/A |
| Hypothyroidism | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Hypertension | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Human Immunodeficiency Virus (HIV) | 🞏 Yes 🞏 No 🞏 UNK/NS | 1st 2nd 3rd |
| Other conditions/exposures (specify each separately) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | 1st 2nd 3rd |

**Chronic Prescription Taken for One Month or More During Pregnancy (e.g., Phenytoin/Dilantin, Isotretinoin/Accutane)**

|  |  |  |
| --- | --- | --- |
| Name of Medication | When Taken During Pregnancy | |
|  | **Start Date** | **Trimester(s)** |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |
|  | *\_\_\_/\_\_\_/\_\_\_* | 1st 2nd 3rd |

## Prenatal Imaging/Cytogenetic Laboratory Testing

**Prenatal (Fetal) Diagnostic Imaging and Cytogenetic Testing (include the earliest dating ultrasound and associated gestational age)**

Was prenatal testing performed? 🞏 Yes 🞏 No🞏 UNK/NS

|  |  |  |  |
| --- | --- | --- | --- |
| *Cytogenetic tests* | *Specimen* | Test Result | Findings (verbatim) |
| Karyotype  🞏 Yes 🞏 No 🞏 UNK/NS Date: \_\_\_/\_\_\_/\_\_\_  Gestational age: \_\_\_week(s)  Tri: 1st 2nd 3rd | 🞏 Amniocentesis  🞏 Chorionic Villus Sampling  🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| FISH  🞏 Yes 🞏 No 🞏 UNK/NS Date: \_\_\_/\_\_\_/\_\_\_  Gestational age: \_\_\_week(s)  Tri: 1st 2nd 3rd | 🞏 Amniocentesis  🞏 Chorionic Villus Sampling  🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| CGH microarray  🞏 Yes 🞏 No 🞏 UNK/NS Date: \_\_\_/\_\_\_/\_\_\_  Gestational age: \_\_\_week(s)  Tri: 1st 2nd 3rd | 🞏 Amniocentesis  🞏 Chorionic Villus Sampling  🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| Cell-free DNA  🞏 Yes 🞏 No 🞏 UNK/NS Date: \_\_\_/\_\_\_/\_\_\_  Gestational age: \_\_\_week(s)  Tri: 1st 2nd 3rd | 🞏 Maternal serum | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| Other, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_/\_\_\_/\_\_\_  Gestational age: \_\_\_week(s)  Tri: 1st 2nd 3rd | 🞏 Amniocentesis  🞏 Chorionic Villus Sampling  🞏 Maternal serum  🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |

Was prenatal imaging performed?🞏 Yes 🞏 No🞏 UNK/NS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type |  | Date  Gestational age  If UNK, trimester | Test Result | Findings (verbatim) |
| Ultrasound  🞏 Yes 🞏 No  🞏 UNK/NS |  | *\_\_\_/\_\_\_/\_\_\_*  *\_\_\_\_\_\_\_­­­ week(s)*  *Tri: 1st 2nd 3rd* | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Fetal MRI  🞏 Yes 🞏 No  🞏 UNK/NS |  | *\_\_\_/\_\_\_/\_\_\_*  *\_\_\_\_\_\_\_­­­ week(s)*  *Tri: 1st 2nd 3rd* | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Other, specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *\_\_\_/\_\_\_/\_\_\_*  *\_\_\_\_\_\_\_­­­ week(s)*  *Tri: 1st 2nd 3rd* | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |

**Findings on Prenatal Imaging (e.g., ultrasound, fetal MRI, etc.):**

For each, indicate ‘Yes’, ‘No’ or ‘Unknown/Not Stated’.

|  |  |  |  |
| --- | --- | --- | --- |
| Microcephaly | 🞏 Yes 🞏 No 🞏 UNK/NS | Hydranencephaly | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Intracranial Calcifications | 🞏 Yes 🞏 No 🞏 UNK/NS | Abnormality of corpus callosum | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Ventricular Enlargement | 🞏 Yes 🞏 No 🞏 UNK/NS | Porencephaly | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Cerebral (Brain) Atrophy | 🞏 Yes 🞏 No 🞏 UNK/NS | Cell Migration Abnormalities (e.g. Lissencephaly, Pachygyria): | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Other Brain Abnormalities (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |

**Maternal Zika Virus Testing**  Was maternal Zika virus testing performed? 🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specimen | Test | Result | Findings (Verbatim) | Name of Lab Where Test Sent |
| 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Urine  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_  🞏 UNK/NS  *Date Taken:\_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_\_\_week(s)*  *Tri: 1st 2nd 3rd* | 🞏 RT-PCR | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |
| 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |
| 🞏 Neutralizing antibodies (PRNT) | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |

**Other Maternal Infection Testing**  Was other maternal infection testing performed? 🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Infection | Specimen (e.g., maternal serum, amniotic fluid, etc.) | Test | Result | Findings (Verbatim)  (include name of other test(s) performed) |
| Cytomegalovirus (CMV)  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Herpes Simplex  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Lymphocytic Choriomeningitis Virus (LCMV)  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Rubella  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Syphilis (Treponema Pallidum)  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 RPR | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 VDRL | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Toxoplasmosis  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Maternal serum  🞏 Amniotic fluid  🞏 Other 🞏 UNK/NS  *Date Taken: \_\_\_/\_\_\_/\_\_\_*  *Gestational Age: \_\_\_wk(s)*  *Tri: 1st 2nd 3rd* | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |

## Infant Information

Date of Delivery/Birth: \_\_/\_\_\_/\_\_\_

Outcome 🞏 Live Birth 🞏 Stillbirth ≥ 20 Weeks 🞏 Induced Termination

🞏 Spontaneous abortion < 20 Weeks 🞏 UNK/NS

If live birth, did baby die: 🞏 Yes 🞏 No 🞏 UNK/NS If yes, date of death: \_\_\_/\_\_\_/\_\_\_

Estimated Gestational Age at Birth/Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Estimating Gestational Age: 🞏 Date of LMP 🞏Prenatal Ultrasound (Gestational Age at Ultrasound: \_\_\_ )

🞏 Physical Exam (e.g., Dubowitz, Ballard) 🞏 UNK/NS

Sex: 🞏 Male 🞏 Female 🞏 Ambiguous 🞏 UNK/NS

Plurality: 🞏 Single 🞏 Twin 🞏 Other Multiple (Specify:\_\_\_\_\_\_\_\_\_\_) 🞏 UNK/NS

Method of delivery: 🞏 Vaginal/Spontaneous 🞏 Vaginal/Forceps 🞏 Vaginal/Vacuum 🞏 Cesarean 🞏 UNK/NS

Birth Measurements (at < 24 hours of life):

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Grams 🞏 Pounds/Ounces Percentile (verbatim): \_\_\_\_\_\_\_\_

Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Centimeters 🞏 Inches Percentile (verbatim): \_\_\_\_\_\_\_\_

Head Circumference: \_\_\_\_\_\_\_\_\_ 🞏 Centimeters 🞏 Inches Percentile (verbatim): \_\_\_\_\_\_\_\_

If head circumference not available, physician description: 🞏 Normal 🞏 Abnormal

APGAR Scores: 1 min \_\_\_\_\_\_\_\_ 5 min\_\_\_\_\_\_\_\_

Delivery Complications (specify all): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 None

Newborn Hearing Screen Results: Date: *\_\_\_/\_\_\_/\_\_\_*

🞏 Pass 🞏 Fail 🞏 Inconclusive/Needs retest 🞏 Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Not Done 🞏 UNK/NS

**Family History of Birth Defects or Genetic Conditions**

|  |  |  |
| --- | --- | --- |
| Condition | Birth Defect Diagnostic Code | Relationship to Child (e.g., father, aunt, grandmother, etc.) |
| Microcephaly  🞏 Yes 🞏 No 🞏 UNK/NS | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 ICD 🞏 BPA |  |
| Other conditions, specify separately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 ICD 🞏 BPA |  |

**Postnatal Diagnostic Imaging, Physical Exam, and Genetic Testing (includes dysmorphic features, hepatosplenomegaly, skin rashes or petechiae)**

Was postnatal physical exam performed?🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Physician specialty  (e.g., pediatrician, neonatologist, pediatric neurologist, clinical geneticist) | Result | Findings |
| Physical exam  Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Other, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |

Was postnatal diagnostic imaging performed?🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Physician specialty  (e.g., pediatrician, neonatologist, pediatric neurologist, clinical geneticist) | Result | Findings |
| Cranial Ultrasound  🞏 Yes 🞏 No 🞏 UNK/NS  Date: *\_\_/\_\_/\_\_\_* | ` | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Head MRI  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Head CT  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| EEG  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |
| Other, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: *\_\_/\_\_/\_\_\_* |  | 🞏 Normal  🞏 Abnormal  🞏 UNK/NS |  |

Was postnatal genetic testing performed? 🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |
| --- | --- | --- | --- |
| *Cytogenetic test* | Specimen | Test Result | Findings (verbatim) |
| Karyotype  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 Cord blood  🞏 Peripheral blood  🞏 Tissue  🞏 Other, specify \_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| FISH  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 Cord blood  🞏 Peripheral blood  🞏 Tissue  🞏 Other, specify \_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| CGH microarray  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 Cord blood  🞏 Peripheral blood  🞏 Tissue  🞏 Other, specify \_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |
| Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Yes 🞏 No 🞏 UNK/NS Date: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 Cord blood  🞏 Peripheral blood  🞏 Tissue  🞏 Other, specify \_\_\_\_\_ | 🞏 Normal  🞏 Abnormal  🞏 Indeterminate  🞏 Test failure  🞏 UNK/NS |  |

**Findings on Physical Exam or Postnatal Imaging (e.g., cranial ultrasound, MRI, etc.):**

|  |  |  |  |
| --- | --- | --- | --- |
| CNS Abnormalities | | Neurologic Findings | |
| Congenital Microcephaly | 🞏 Yes 🞏 No 🞏 UNK/NS | Hypertonia / Spasticity | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Intracranial Calcifications | 🞏 Yes 🞏 No 🞏 UNK/NS | Hyperreflexia | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Ventricular Enlargement | 🞏 Yes 🞏 No 🞏 UNK/NS | Irritability | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Cerebral (Brain) Atrophy | 🞏 Yes 🞏 No 🞏 UNK/NS | Tremors | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Cell Migration Abnormalities (e.g. Lissencephaly, Pachygyria) | 🞏 Yes 🞏 No 🞏 UNK/NS | Seizures | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Hydranencephaly | 🞏 Yes 🞏 No 🞏 UNK/NS | Other Neurologic Abnormalities:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Porencephaly | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Abnormality of corpus callosum | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Fetal brain disruption sequence | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Other Brain Abnormalitites:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Eye Abnormalities | | Other Findings on Exam | |
| Microphthalmia | 🞏 Yes 🞏 No 🞏 UNK/NS | Excessive & Redundant Scalp Skin | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Pale optic nerve(s) | 🞏 Yes 🞏 No 🞏 UNK/NS | Arthrogryposis (Congenital Joint Contractures) | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Macular pallor | 🞏 Yes 🞏 No 🞏 UNK/NS | Congenital Talipes Equinovarus (Clubfoot) | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Chorioretinitis | 🞏 Yes 🞏 No 🞏 UNK/NS | Splenomegaly | 🞏 Yes 🞏 No 🞏 UNK/NS |
| Other Abnormalities on Funduscopic Exam (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Hepatomegaly | 🞏 Yes 🞏 No 🞏 UNK/NS |

**Birth Defects Diagnosed or Suspected (includes chromosomal abnormalities and syndromes)**

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnostic Code | Certainty | Laterality | Verbatim Description |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |
|  | 🞏 Definte  🞏 Possible / Probable | 🞏 Left 🞏 Right  🞏 Bilateral 🞏 UNK/NS |  |

**Infant/Fetal Zika Virus Testing**

Was infant/fetal zika virus testing performed?🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specimen | Test | Result | Findings (Verbatim) | Name of Lab Where Test Sent |
| 🞏 Cord blood  🞏 Peripheral blood  🞏 Placenta  🞏 Fetal tissue  🞏 Cerebrospinal fluid (CSF)  🞏 Urine  🞏 Other, specify\_\_\_\_\_\_\_\_\_\_\_  Date taken: \_\_\_/\_\_\_/\_\_\_  Age: \_\_\_\_\_month(s) | 🞏 RT-PCR | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |
| 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |
| 🞏 Neutralizing antibodies (PRNT) | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |  |

**Other Infant/Fetal Infection Testing (includes urine culture for CMV)**

Was other infant/fetal infection testing performed? 🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Infection | Specimen | Test | Result | Findings (Verbatim)  (include name of other test(s) performed) |
| Cytomegalovirus (CMV) antibodies  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Cytomegalovirus (CMV) culture  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Urine 🞏 Other  🞏 UNK/NS  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | N/A | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Herpes Simplex  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Lymphocytic Choriomeningitis Virus (LCMV)  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Rubella  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Syphilis (Treponema Pallidum)  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 RPR | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 VDRL | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| Toxoplasmosis  🞏 Yes 🞏 No  🞏 UNK/NS | 🞏 Infant serum  🞏 Cord blood  🞏 Placental tissue  🞏 Products of conception  🞏 Other  Date taken: *\_\_/\_\_/\_\_\_*  Age: \_\_\_\_ month(s) | 🞏 IgM | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 IgG | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |
| 🞏 Other | 🞏 Negative 🞏 Positive  🞏 Inconclusive 🞏 UNK |  |

**Head Circumference Measurements Taken Beyond the First 24 Hours of Life**

Were head circumference measurements taken beyond the first 24 hours of life? 🞏 Yes 🞏 No 🞏 UNK/NS

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Head circumference | Percentile (verbatim) | If head circumference not available, physician report |
| *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_\_\_\_\_\_\_ 🞏 cm 🞏 in |  | 🞏 Normal 🞏 Abnormal |
| *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_\_\_\_\_\_\_ 🞏 cm 🞏 in |  | 🞏 Normal 🞏 Abnormal |
| *\_\_\_/\_\_\_/\_\_\_* | \_\_\_\_\_\_\_\_\_\_ 🞏 cm 🞏 in |  | 🞏 Normal 🞏 Abnormal |