Guidelines for completing the e-fillable PDF form for
the Notification of Congenital Malformation (DH1540)

Step 1: Enter the required data into the e-fillable PDF form

1.1   Use either *Adobe Reader* or *Adobe Acrobat* for data input

Notification of Congenital Malformation - Adobe Acrobat Reader DC

File   Edit   View   Window   Help

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1 / 1   85%   Share

Clear Form

Please email to the Health Statistics Division (so2_hs22@dh.gov.hk)

Notification of Congenital Malformation

Name of baby:_____   Sex:_____   Date of Birth:_____ (dd/mm/yyyy)
Birth Certificate Number:_____   Birth Weight:_____ gram   Gestation:_____ (complete week)
Type of Birth: 1. ☐ Single   2. ☐ Twins   3. ☐ Triplets   4. ☐ Others   Name of Birth Institution:_____
Name of Mother:_____   ID No. of mother:_____   Date of Birth :_____
Address:_____
Ethnicity:_____   Total no. of deliveries:_____   Telephone No.:_____

Congenital Malformation detected:

☐ 745-747	**Congenital Heart Disease**		☐ 751.21, 3, 4, 6	Imperforate anus
☐ 745.1	Transposition of great vessels		☐ 751.31	Hirschsprung's disease
☐ 745.2	Tetralogy of Fallot		☐	Others please specify:_____
☐ 745.4	Ventricular septal defect			
☐ 745.5	Atrial septal defect		☐ 740-743	**Central Nervous System**
☐ 746.0	Anomalies of pulmonary valve		☐ 740	Anencephalus and similar anomalies
☐ 746.01	Pulmonary atresia		☐ 741.00	Spinal bifida with hydrocephalus
☐ 746.02	Pulmonary valve stenosis		☐ 741.9	Spina bifida without mention of hydrocephalus
☐ 746.7	Hypoplastic left heart syndrome			(Meningomyelocele, Meningocele, hydromyelocele etc.)
☐ 746.9	Congenital heart disease NOS		☐ 742.1	Microcephalus
☐ 747.0	Patent ductus arteriosus		☐ 742.2	Holoprosencephaly
☐ 747.10	Coarctation of aorta		☐ 742.3	Hydrocephalus without spina bifida
☐ 747.41	TAPVD		☐ 743.3	Congenital cataract and lens anomalies
☐	Others please specify:_____		☐	Others please specify:_____
☐ 752-753	**Genito-urinary System**		☐ 748	**Respiratory System**
☐ 752.61	Hypospadias		☐ 748.0	Choanal atresia
☐ 752.62	Epispadias		☐ 748.3	Other anomalies of larynx, trachea, and bronchus
☐ 753.03	Bilateral renal agenesis / dysgenesis, Potter syndrome		☐ 748.4	Congenital cystic lung
☐ 753.04	Unilateral renal agenesis		☐ 748.51	Hypoplasia of lung, congenital
☐ 753.05	Unilateral renal dysgenesis		☐ 748.81	Chylothorax, congenital
☐ 753.1	Cystic kidney disease		☐ 748.83	Hydrothorax, congenital
☐ 753.2	Obstructive defects of renal pelvis & ureter		☐	Others please specify:_____
☐ 753.61	Congenital urethral obstruction		☐ 758-759	**Chromosomal Aberration**
☐	Others please specify:_____		☐ 758.0	Down's syndrome
☐ 754-756	**Musculo-Skeletal System**		☐ 758.1	Patau's syndrome
☐ 754.3	Congenital dislocation of hip		☐ 758.2	Edwards' syndrome
☐ 754.893	Arthrogryposis multiplex congenital		☐ 758.61	Turner's syndrome
☐ 755.2	Reduction deformities of upper limb		☐ 758.7	Klinefelter syndrome
☐ 755.3	Reduction deformities of lower limb		☐ 758.9	Other chromosomal aberration, please specify:_____
☐ 755.41	Phocomelia			
☐ 756.61	Congenital diaphragmatic hernia		☐ 759.7	Multiple congenital anomalies
☐ 756.510	Osteogenesis imperfecta		☐	Others please specify:_____
☐ 756.91	Skeletal dysplasia		☐	**Syndrome Disorders**
☐	Others please specify:_____		☐ 279.11	Di George's (Thymic hypoplasia)
☐ 749-751	**Gastro-intestinal System**		☐ 282.72	Hb-Barts' disease
☐ 749.0	Cleft palate		☐ 759.853	VATER syndrome
☐ 749.1	Cleft lip		☐ 759.863	Noonan's syndrome
☐ 749.2	Cleft lip & palate		☐ 773.3	Hydrops fetalis (immune)

8.27 x 11.70 in

Step 2: Sign your name on the e-fillable PDF form

2.1 Open the *Comment*（注釋）toolbar in the upper-right corner, then click *Drawing Markups*（圖形標註）menu and select *The Pencil*（鉛筆）icon

2.2 Use the mouse to sign your name on the space for signature

☐	**Syndrome Disorders**	
☐ 279.11	Di George's (Thymic hypoplasia)	
☐ 282.72	Hb-Barts' disease	
☐ 759.853	VATER syndrome	
☑ 759.863	Noonan's syndrome	
☐ 773.3	Hydrops fetalis (immune)	
☐ 778.0	Hydrops fetalis (non-immune)	
☐	Others please specify:	
☐ 744	**Face, Ear, Neck Anomalies**	
☑ 744.01	Atretic ear	
☐ 744.3	Anomalies of ear	
☐	Others please specify:	
☐	**Miscellaneous**	
	Please specify:	
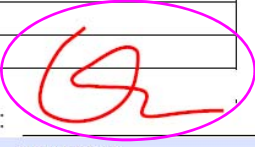
for follow-up
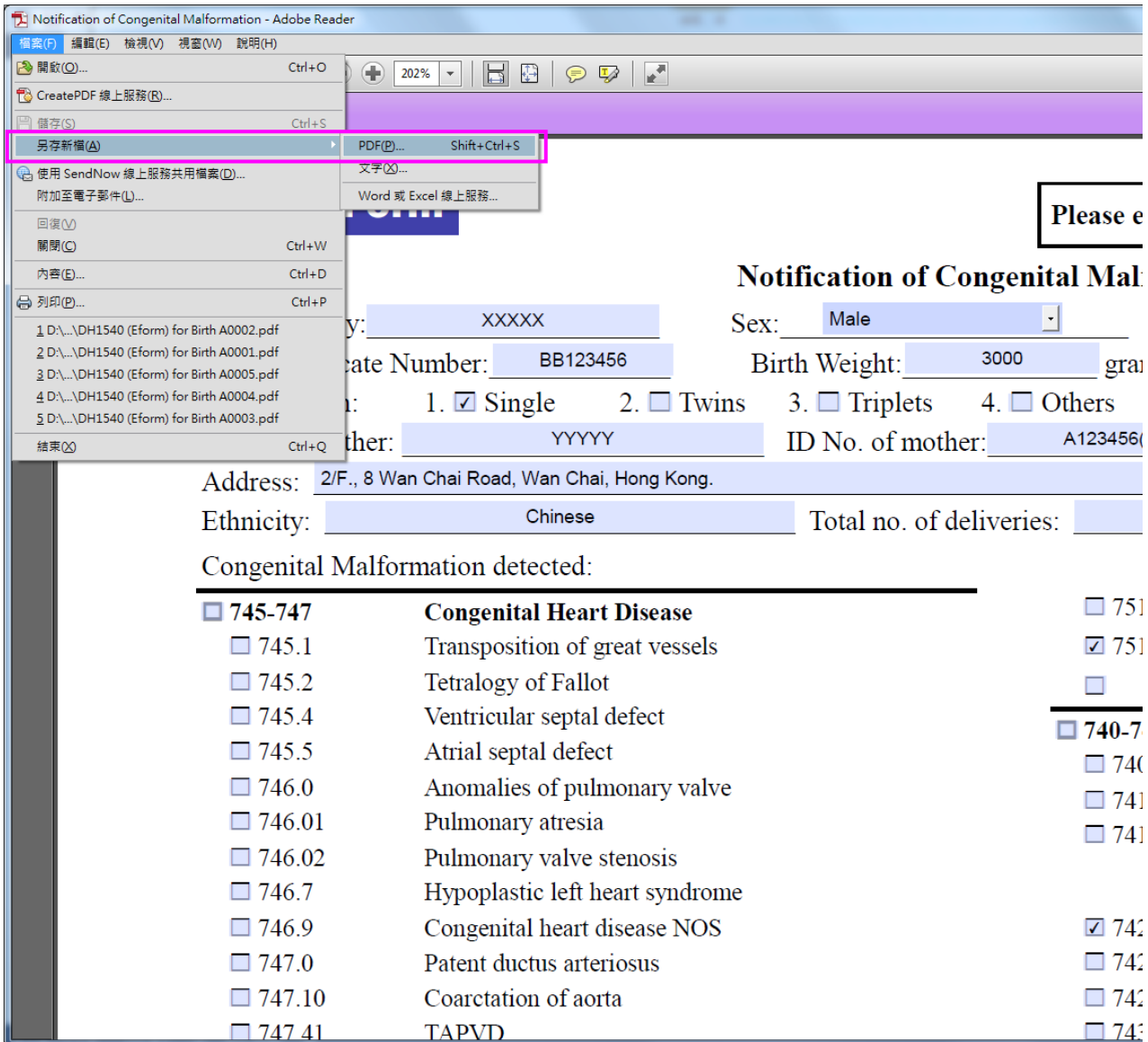
Contact telephone no. : 9123 4567   Signature :

XXX Hospital   Date : 25/11/2016

d PDF form (use File menu > Save As).

工具 注釋 延伸

螢光標示現有欄位

▸ 註解
▾ 圖形標註
▸ 注釋清單

Step 3: Save the PDF file

3.1   Click the *File（檔案）*menu in the upper-left corner, and select *Save As（另存新檔）* and *PDF(P)*

3.2 Enter a *file name*（*檔案名稱*）for the PDF file to be saved, then press the *Save*（*存檔*）button

[Note: Please use a systematic file name format: Hospital name_YYYY_MM_Serial number]
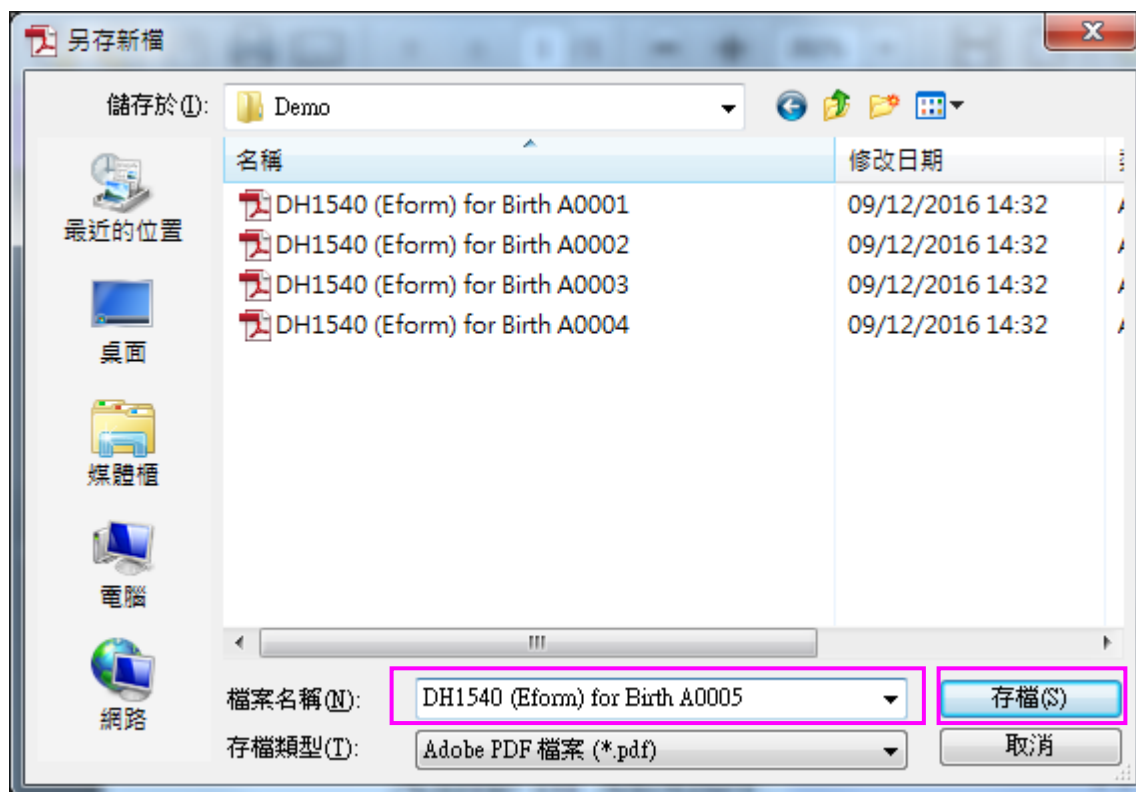
**Step 4: Set password to protect the PDF file(s) to be sent**

4.1 Download an encryption tool **'7-Zip'** (which is a free software). Execute the **'7-Zip'** and select the file(s) to be sent to the Department of Health (DH) [Note: Please spilt the PDF files into a few groups so as to make the total file size of each ZIP file (i.e. the attachment for an email to DH) not to be over 30 MB if necessary.]
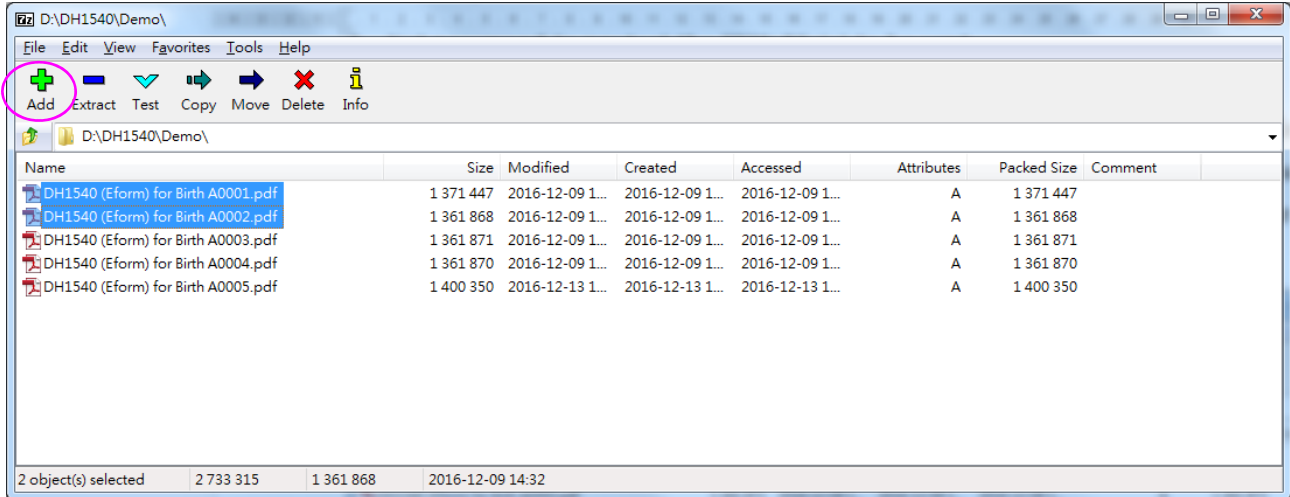
4.2 Click the *Add* button, then enter the ZIP file name
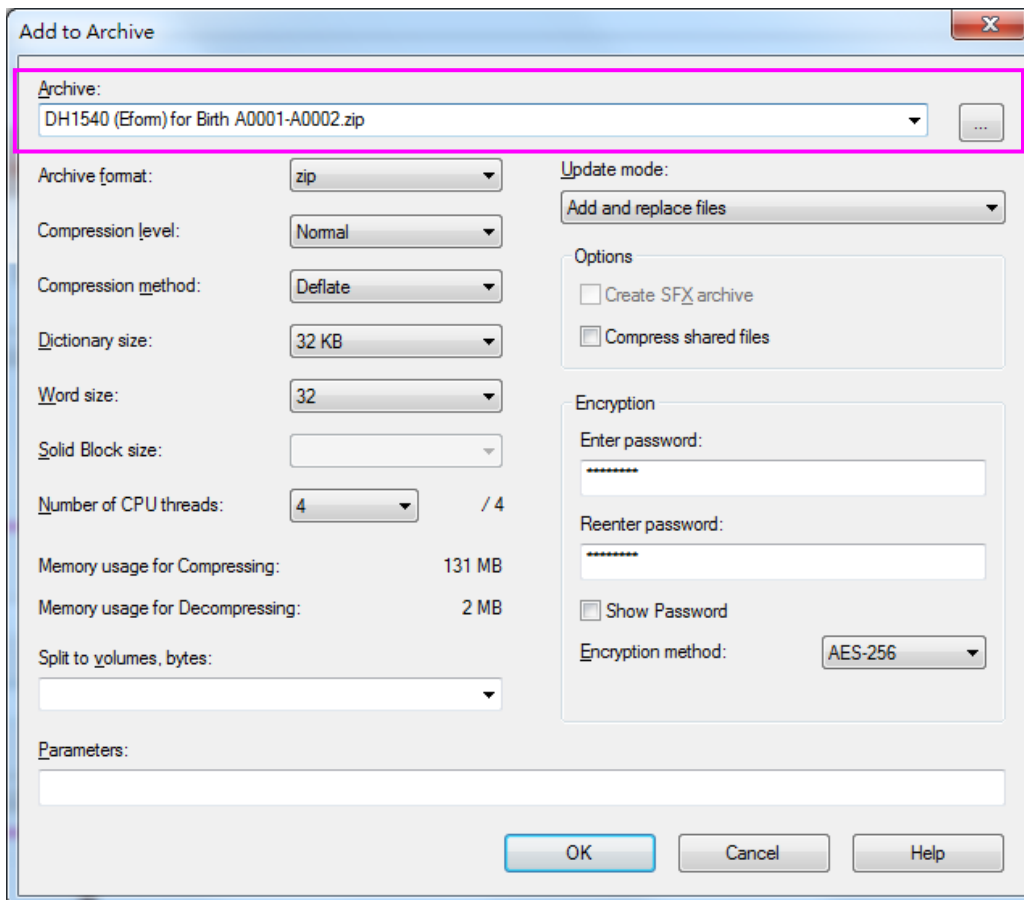
4.3 Enter the password twice and select the encryption method of **'AES-256'**
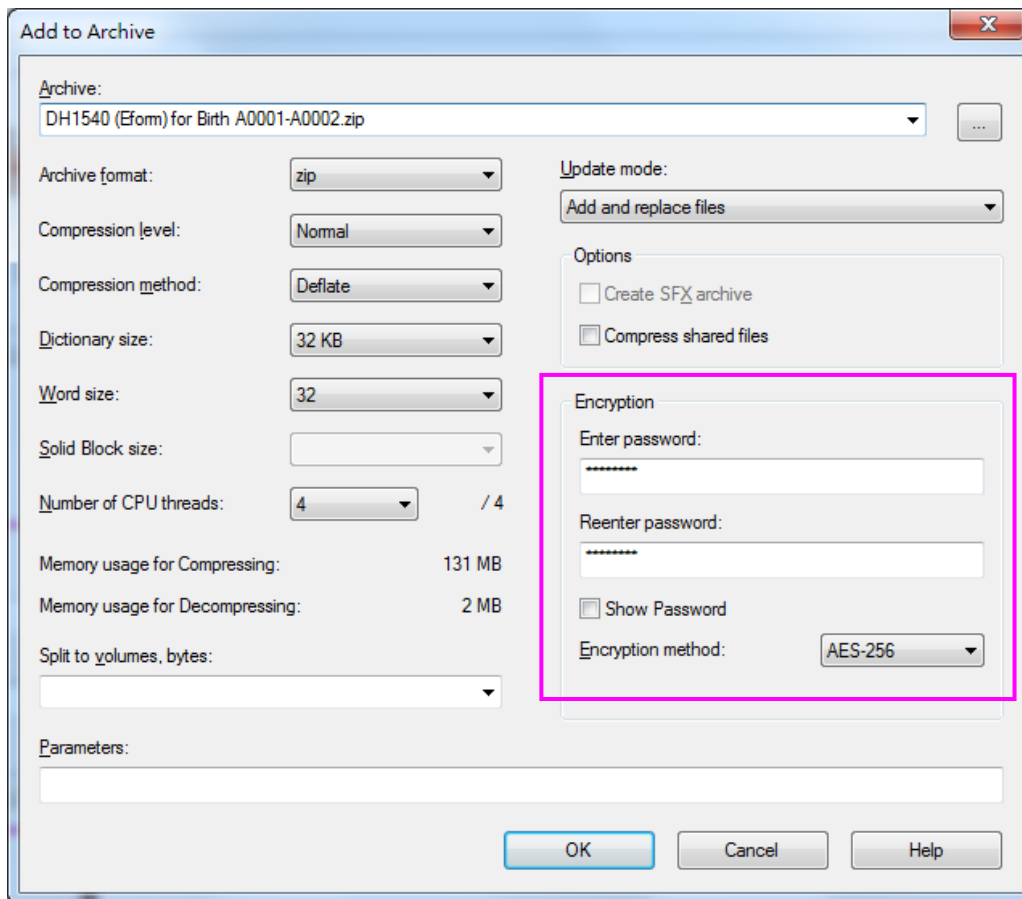
Step 5: Email the ZIP file(s) to DH (email address: so2_hs22@dh.gov.hk)

Step 6: Inform DH of your password for opening the ZIP file(s) by sending a separate email