

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

Home Tools Notification of Con... x

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:

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

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

Syndrome Disorders

<input type="checkbox"/>	279.11	Di George's (Thymic hypoplasia)
<input type="checkbox"/>	282.72	Hb-Barts' disease
<input type="checkbox"/>	759.853	VATER syndrome
<input checked="" type="checkbox"/>	759.863	Noonan's syndrome
<input type="checkbox"/>	773.3	Hydrops fetalis (immune)
<input type="checkbox"/>	778.0	Hydrops fetalis (non-immune)
<input type="checkbox"/>		Others please specify: <input type="text"/>

Face, Ear, Neck Anomalies

<input type="checkbox"/>	744	
<input checked="" type="checkbox"/>	744.01	Atretic ear
<input type="checkbox"/>	744.3	Anomalies of ear
<input type="checkbox"/>		Others please specify: <input type="text"/>

Miscellaneous

<input type="checkbox"/>		Please specify: <input type="text"/>
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for follow-up

Contact telephone no. : Signature :

XXX Hospital Date :

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

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

The image shows a medical form with a digital signature tool overlay. The form has three main sections: Syndrome Disorders, Face, Ear, Neck Anomalies, and Miscellaneous. The Syndrome Disorders section includes checkboxes for Di George's (Thymic hypoplasia), Hb-Barts' disease, VATER syndrome, Noonan's syndrome (checked), Hydrops fetalis (immune), Hydrops fetalis (non-immune), and Others please specify. The Face, Ear, Neck Anomalies section includes checkboxes for Atretic ear (checked), Anomalies of ear, and Others please specify. The Miscellaneous section includes a checkbox and a text box for Please specify. Below these sections are lines for 'or follow-up'. At the bottom, there are fields for Contact telephone no. (9123 4567), Signature (with a red signature), XXX Hospital, Date (25/11/2016), and a red instruction: 'd PDF form (use File menu > Save As)'.

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:

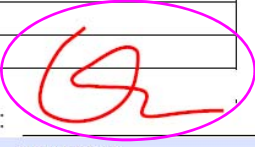
Face, Ear, Neck Anomalies

- ☒ 744.01 Atretic ear
- ☐ 744.3 Anomalies of ear
- ☐ Others please specify:

Miscellaneous

☐ Please specify:

or follow-up

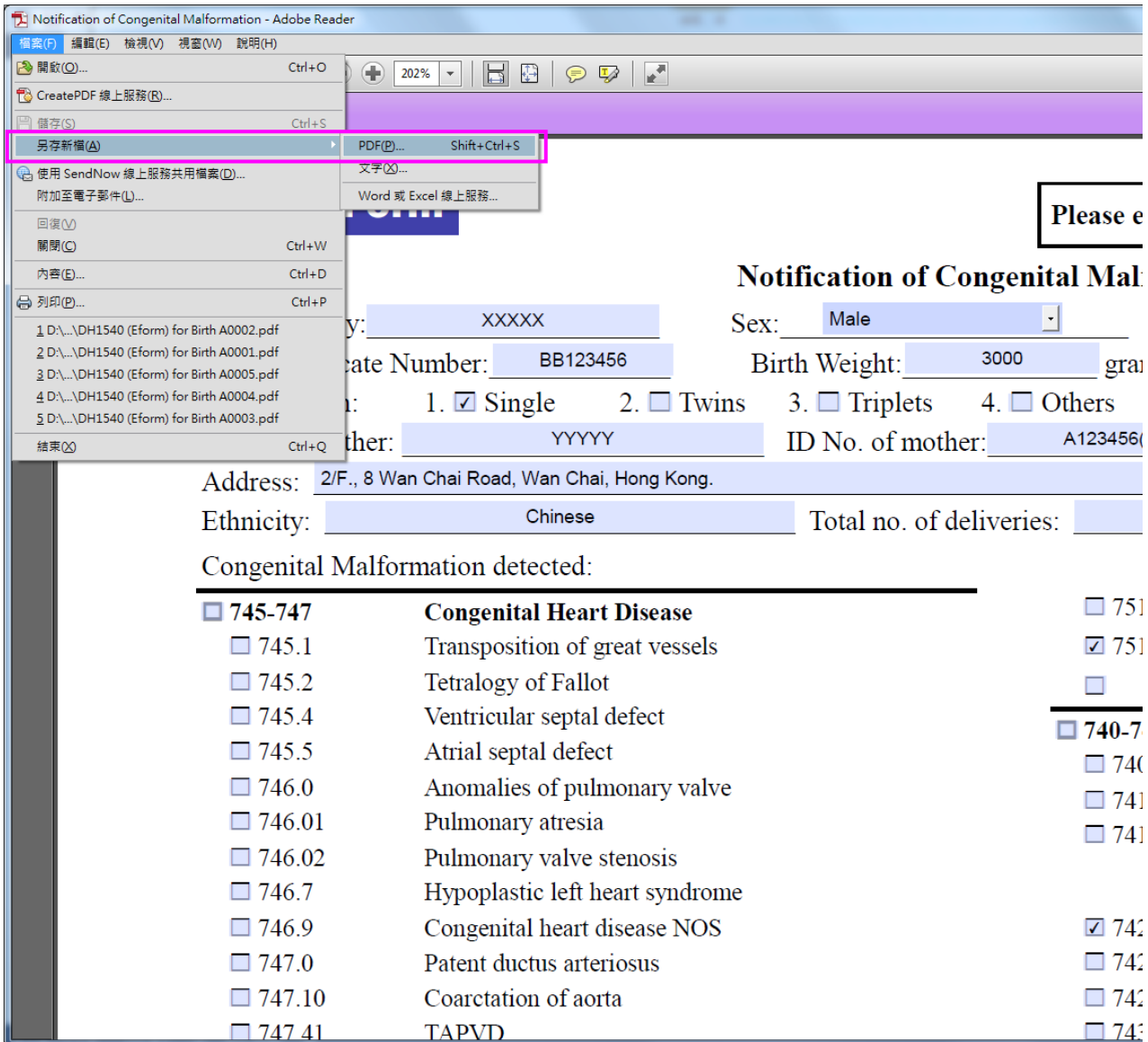
Contact telephone no. : Signature : 

XXX Hospital Date :

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

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)**



Notification of Congenital Malformation - Adobe Reader

檔案(F) 編輯(E) 檢視(V) 視窗(W) 說明(H)

開啟(O)... Ctrl+O

CreatePDF 線上服務(R)...

儲存(S) Ctrl+S

另存新檔(A) PDF(P)... Shift+Ctrl+S

使用 SendNow 線上服務共用檔案(D)...

附加至電子郵件(L)...

回復(U)

關閉(C) Ctrl+W

內容(E)... Ctrl+D

列印(P)... Ctrl+P

1 D:\...\DH1540 (Eform) for Birth A0002.pdf

2 D:\...\DH1540 (Eform) for Birth A0001.pdf

3 D:\...\DH1540 (Eform) for Birth A0005.pdf

4 D:\...\DH1540 (Eform) for Birth A0004.pdf

5 D:\...\DH1540 (Eform) for Birth A0003.pdf

結束(Q) Ctrl+Q

Please e

Notification of Congenital Mal

Sex:

Birth Weight: gram

1. ☒ Single 2. ☐ Twins 3. ☐ Triplets 4. ☐ Others

ID No. of mother:

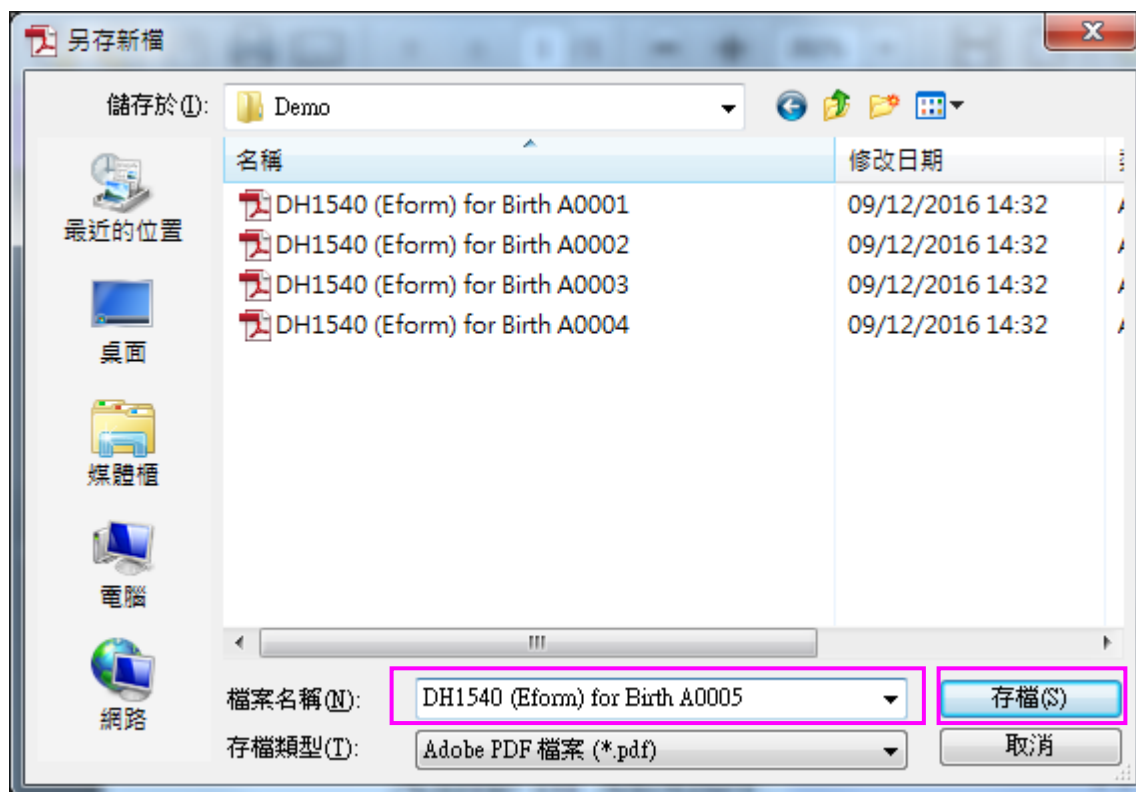
Address:

Ethnicity: Total no. of deliveries:

Congenital Malformation detected:

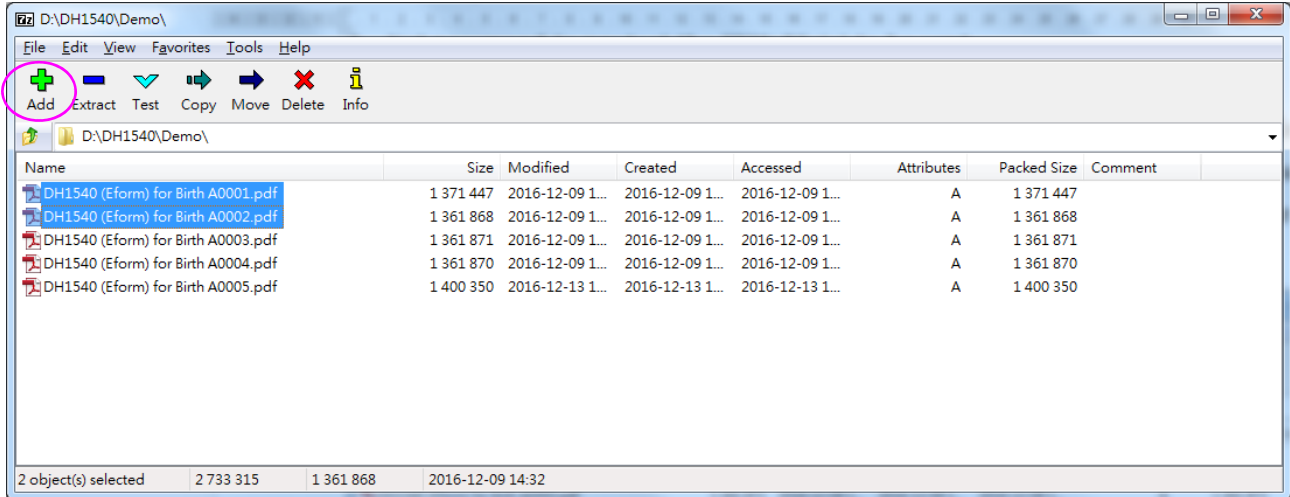
Code	Description	Selected
<input type="checkbox"/> 745-747	Congenital Heart Disease	<input type="checkbox"/> 751
<input type="checkbox"/> 745.1	Transposition of great vessels	<input checked="" type="checkbox"/> 751
<input type="checkbox"/> 745.2	Tetralogy of Fallot	<input type="checkbox"/>
<input type="checkbox"/> 745.4	Ventricular septal defect	<input checked="" type="checkbox"/> 740-7
<input type="checkbox"/> 745.5	Atrial septal defect	<input type="checkbox"/> 740
<input type="checkbox"/> 746.0	Anomalies of pulmonary valve	<input type="checkbox"/> 741
<input type="checkbox"/> 746.01	Pulmonary atresia	<input type="checkbox"/> 741
<input type="checkbox"/> 746.02	Pulmonary valve stenosis	
<input type="checkbox"/> 746.7	Hypoplastic left heart syndrome	
<input type="checkbox"/> 746.9	Congenital heart disease NOS	<input checked="" type="checkbox"/> 742
<input type="checkbox"/> 747.0	Patent ductus arteriosus	<input type="checkbox"/> 742
<input type="checkbox"/> 747.10	Coarctation of aorta	<input type="checkbox"/> 742
<input type="checkbox"/> 747.41	TAPVD	<input type="checkbox"/> 742

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]

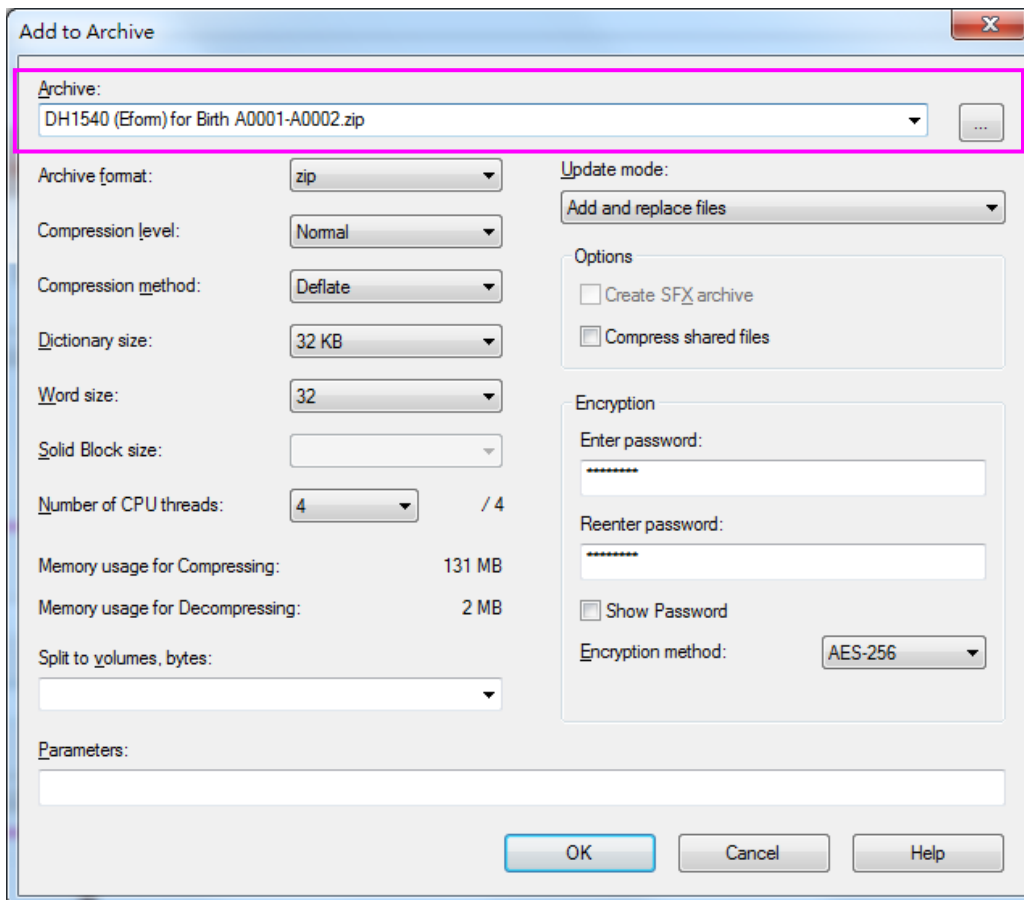


Step 4: Set password to protect the PDF file(s) to be sent

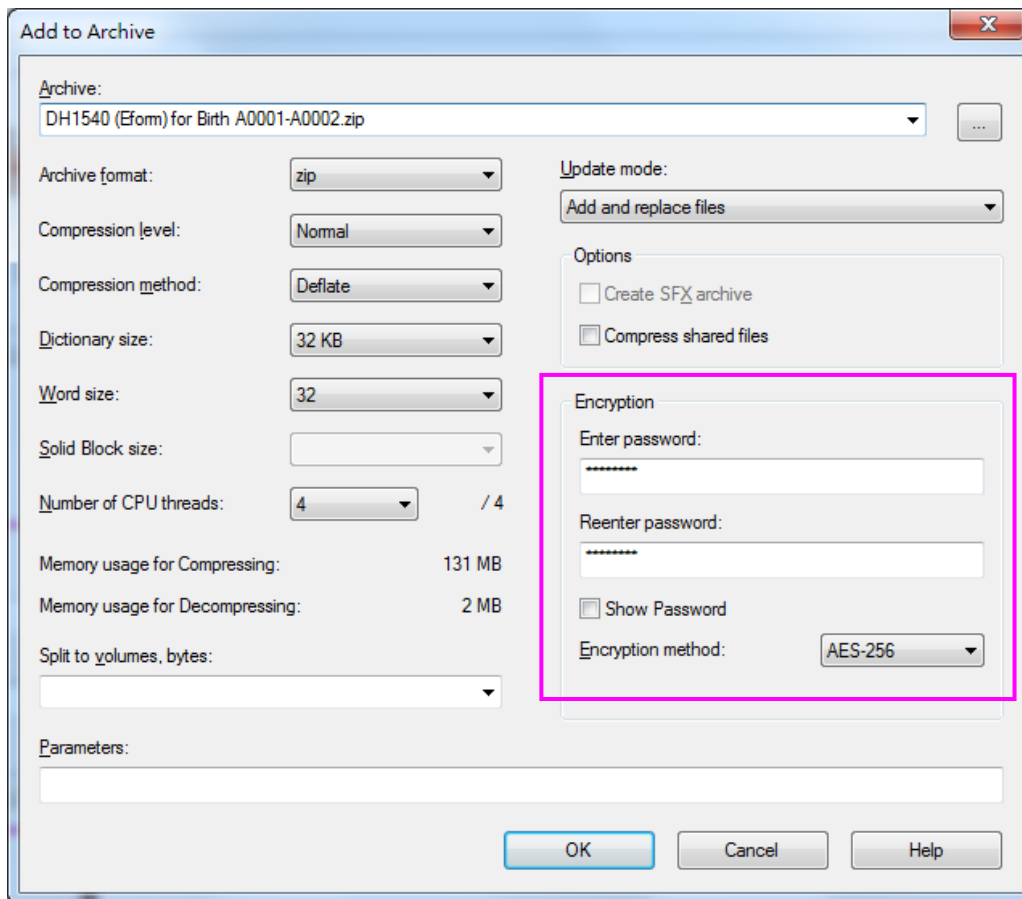
4.1 Download an encryption tool '**7-Zip**' (which is a free software). Execute the '**7-Zip**' and select the file(s) to be sent to the Department of Health (DH) [Note: Please split the PDF files into a few groups so as to make the total file size of each ZIP file (i.e. the attachment for an email to 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