Please fax to the Health Statistics Division (Fax: 28939425)

Notification of Congenital Malformation

Name of baby:_____ Sex:_____ Date of Birth: _____ (dd-mm-yy)

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**
☐ 745.1	Transposition of great vessels
☐ 745.2	Tetralogy of Fallot
☐ 745.4	Ventricular septal defect
☐ 745.5	Atrial septal defect
☐ 746.0	Anomalies of pulmonary valve
☐ 746.01	Pulmonary atresia
☐ 746.02	Pulmonary valve stenosis
☐ 746.7	Hypoplastic left heart syndrome
☐ 746.9	Congenital heart disease NOS
☐ 747.0	Patent ductus arteriosus
☐ 747.10	Coarctation of aorta
☐ 747.41	TAPVD
☐	Others please specify: _____
☐ **752-753**	**Genito-urinary System**
☐ 752.61	Hypospadias
☐ 752.62	Epispadias
☐ 753.03	Bilateral renal agenesis / dysgenesis, Potter syndrome
☐ 753.04	Unilateral renal agenesis
☐ 753.05	Unilateral renal dysgenesis
☐ 753.1	Cystic kidney disease
☐ 753.2	Obstructive defects of renal pelvis & ureter
☐ 753.61	Congenital urethral obstruction
☐	Others please specify: _____
☐ **754-756**	**Musculo-Skeletal System**
☐ 754.3	Congenital dislocation of hip
☐ 754.893	Arthrogryposis multiplex congenital
☐ 755.2	Reduction deformities of upper limb
☐ 755.3	Reduction deformities of lower limb
☐ 755.41	Phocomelia
☐ 756.61	Congenital diaphragmatic hernia
☐ 756.510	Osteogenesis imperfecta
☐ 756.91	Skeletal dysplasia
☐	Others please specify: _____
☐ **749-751**	**Gastro-intestinal System**
☐ 749.0	Cleft palate
☐ 749.1	Cleft lip
☐ 749.2	Cleft lip & palate
☐ 750.3	Oesophageal atresia
☐ 750.31	Oesophageal atresia without fistula
☐ 750.32	Tracheoesophageal fistula
☐ 750.34	Oesophageal atresia with TE fistula
☐ 750.35	Oesophageal stenosis with TE fistula
☐ 750.37	Oesophageal stenosis without fistula
☐ 751.1 751.2	Other anomalies of GI tract (include small bowel, large bowel, and anus)
☐ 751.21, 3, 4, 6	Imperforate anus
☐ 751.31	Hirschsprung's disease
☐	Others please specify: _____
☐ **740-743**	**Central Nervous System**
☐ 740	Anencephalus and similar anomalies
☐ 741.00	Spinal bifida with hydrocephalus
☐ 741.9	Spina bifida without mention of hydrocephalus (Meningomyelocele, Meningocele, hydromyelocele etc.)
☐ 742.1	Microcephalus
☐ 742.2	Holoprosencephaly
☐ 742.3	Hydrocephalus without spina bifida
☐ 743.3	Congenital cataract and lens anomalies
☐	Others please specify: _____
☐ **748**	**Respiratory System**
☐ 748.0	Choanal atresia
☐ 748.3	Other anomalies of larynx, trachea, and bronchus
☐ 748.4	Congenital cystic lung
☐ 748.51	Hypoplasia of lung, congenital
☐ 748.81	Chylothorax, congenital
☐ 748.83	Hydrothorax, congenital
☐	Others please specify: _____
☐ **758-759**	**Chromosomal Aberration**
☐ 758.0	Down's syndrome
☐ 758.1	Patau's syndrome
☐ 758.2	Edwards' syndrome
☐ 758.61	Turner's syndrome
☐ 758.7	Klinefelter syndrome
☐ 758.9	Other chromosomal aberration, please specify: _____
☐ 759.7	Multiple congenital anomalies
☐	Others please specify: _____
☐	**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: _____

Baby condition on notification:

☐	In Hospital: _____
☐	Discharged and will arrange follow-up myself
☐	Discharged and referred to _____ for follow-up
☐	Discharged with no follow-up
☐	Still birth
☐	Neonatal Death
☐	Post-neonatal Death

Name of Medical Practitioner (in block letter): _____ Signature : _____ Contact telephone no. : _____

Name of Hospital / Clinic : _____ Date : _____