



# Florida Birth Defects Registry Data Reporting Form

To be used in conjunction with the Florida Birth Defects Registry Data Reporting Manual

Information on this form is confidential and exempt from the provisions of section 119.07(1), F.S. Reporting of notifiable congenital anomalies is mandatory pursuant to section 381.0031, F.S., Chapter 405, F.S., and Rules 64D-3.002 and 64D-3.027, F.A.C. The data will be used for birth defects prevention, research, and epidemiologic investigations with the goals of reducing morbidity and mortality. It is not a violation of the confidential relationship between practitioner and patient to report data on this form.

**Return Completed Forms by Mail or FAX to:**

Florida Birth Defects Registry  
Perinatal Data Center  
G.L. Schiebler CMS Building  
1701 SW 16<sup>th</sup> Avenue  
Gainesville, FL 32608

**Direct Questions to the Florida  
Birth Defects Registry Hotline:**  
352-334-1360

(Call the Hotline to obtain the number  
for FAXing data forms.)

**Licensed Physician and Hospital Information**

a) Name: \_\_\_\_\_  
(First and Last Name of Licensed Physician)

b) License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ c) Specialty: \_\_\_\_\_  
(ME or OS followed by 7 digits)

d) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e) Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Include Area Code) (MM/DD/YYYY)

f) Street Address: \_\_\_\_\_

g) City: \_\_\_\_\_ h) Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
(9 digits if available)

i) Birth Facility Number: \_\_\_\_\_ j) Treatment Hospital Number(s): \_\_\_\_\_  
(Facility numbers for items i) and j) can be found in the Data Reporting Manual, Appendix G.)

k) Person Completing Form - Name: \_\_\_\_\_  
(First and Last Name)

l) Person Completing Form - Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Include Area Code)

**Mother Information**

m) Name: \_\_\_\_\_  
(First Name) (Maiden Name) (Last Name)

n) Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ o) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Keyed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Keyer: \_\_\_\_\_ LB FD Certificate Number: \_\_\_\_\_

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**Infant or Fetus Information**

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p) Name: \_\_\_\_\_  
(First and Last Name. Complete for live births and fetal deaths if known.)

q) SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ r) Medical Record Number: \_\_\_\_\_  
(If available) (Use infant's number for a live birth and mother's number for a fetal death if applicable.)

s) Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ t) Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Complete only for a live birth.) (Complete only if infant was live born and subsequently deceased.)

u) Date of Expulsion or Extraction: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Complete only for a fetal death.)

v) Street Address: \_\_\_\_\_  
(Enter infant's address for a live birth and mother's address for a fetal death.)

w) City: \_\_\_\_\_ x) Zipcode: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(9 digits if available)

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**Medical Information**

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y) Date of Diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Complete z) and aa) for all infants and fetuses as of the time of birth, expulsion, or extraction.

z) Gestational Age: \_\_\_\_ aa) Weight: \_\_\_\_  
(Weeks) (Grams)

See Data Reporting Manual for codes to use in items bb) through gg). Enter all applicable codes for gg).

bb) Sex: \_\_\_\_ cc) Plurality: \_\_\_\_ dd) Race: \_\_\_\_ ee) Ethnicity: \_\_\_\_ ff) Principal Payer: \_\_\_\_

gg) Principal Diagnosis Method(s): \_\_\_\_\_

Enter complete principal and secondary diagnosis names and ICD-9-CM codes. See Data Reporting Manual Part III for notifiable diagnoses. Report complete ICD-9-CM codes using 4<sup>th</sup> or 5<sup>th</sup> digits where applicable.

hh) Principal Diagnosis: \_\_\_\_\_  
(Principal congenital anomaly name) (ICD-9-CM code)

ii) Secondary Diagnoses:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Secondary diagnosis name) (ICD-9-CM code) (Secondary diagnosis name) (ICD-9-CM code)

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

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**Notes or Additional Information**

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