



NUNAVUT BIRTH DEFECTS REPORT FORM

**(Please fill in one form
per affected baby/fetus)**

Surname	Given Name
Address	
Home Community	
Phone Number	HCP#

REPORTING INFORMATION:

Person Completing Form (Name and Position):	
Name of Medical Facility:	Completion Date: (dd / mm / yyyy)

AFFECTED FETUS / INFANT / CHILD:

Date of Birth: (dd / mm / yyyy)		Primary Care Physician:	
Type of Birth: <input type="radio"/> Livebirth <input type="radio"/> Stillbirth (≥20wks) <input type="radio"/> Spontaneous Abortion (<20wks) <input type="radio"/> Not yet delivered <input type="radio"/> Termination: <u>specify GA</u> <u>date of termination & hospital/clinic</u>	Ethnicity: <input type="radio"/> Inuk <input type="radio"/> Dene <input type="radio"/> First Nations <input type="radio"/> Métis <input type="radio"/> Other <input type="radio"/> Unknown	Sex: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unknown	<input type="radio"/> Singleton <input type="radio"/> Multiple: ____ of ____ <input type="radio"/> Unknown
Karyotype: <input type="radio"/> Not Done <input type="radio"/> Normal <input type="radio"/> Abnormal: _____ (please include report) <input type="radio"/> Unknown		Deceased? <input type="radio"/> No <input type="radio"/> Yes: <u>specify date of death & place of death</u> <input type="radio"/> Unknown	
		Autopsy performed? <input type="radio"/> No <input type="radio"/> Yes: <u>specify date of autopsy & name of institution</u> <input type="radio"/> Unknown	

PARENTS:

Biological Mother's Full Name:	Mother's Date of Birth: (dd/mm/yyyy)	Mother's HCP#:
Biological Father's Full Name: (optional)	Father's Date of Birth: (optional) (dd/mm/yyyy)	

Single (Isolated) Birth Defect? <input type="radio"/> No <input type="radio"/> Yes	More than one Birth Defect? <input type="radio"/> No <input type="radio"/> Yes	Syndrome Suspected? <input type="radio"/> No <input type="radio"/> Yes: <u>specify</u>
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ICD-10 CODE(S) (optional)	DESCRIPTION OF BIRTH DEFECT(S): Please describe <u>each</u> birth defect <i>in as much detail as possible</i> . If syndrome suspected, please add details. Please add confirmatory documentation when available (e.g. radiology, pathology, surgical/autopsy reports, cytogenetic, genetic test results, hospital discharge summaries, consultant records, etc.)

Contact Information for Reporting:

Manager, Population Health Information
Nutaqqavut 'Our Children' Health Information System
Government of Nunavut
P.O. Box 1000 Stn. 1033
Bldg 1079, 2nd floor
Iqaluit, Nunavut X0A 0H0
Phone: 867-975-5774
Fax: 867-975-3190
E-mail: NHIS@gov.nu.ca

For general questions about birth defects / syndromes:

Dr. Laura Arbour, Pediatrician/Geneticist
Medical Science Building, University of Victoria
PO Box 1700 STN CSC
Victoria, BC V8W 2Y2
Toll-Free: 1-877-858-3661 or direct: 250-853-3661
E-mail: NHIS@uvic.ca