





## INSTRUCTIONS

### CONFIDENTIAL BIRTH DEFECTS REGISTRY REPORT

- (1) This report form is to be used by physicians, pediatric specialty clinics and hospitals to report birth defects for children up to age two. The report is mandated under the provisions of sections 253.12(1) and 253.12(2) of the Wisconsin Statutes. The information is submitted to the Wisconsin Department of Health Services, Bureau of Community Health Promotion, Children with Special Health Care Needs Program.
- (2) Please fill out as much information as possible. Leave items **blank** if you don't have the information. Do not write "N/A" or similar in the spaces.
- (3) This report can be submitted via the Internet. Refer to the website at: <https://wbdr.han.wisc.edu> for electronic forms and instructions.
- (4) If completing the report on paper, fax to Elizabeth Oftedahl, CSHCN Epidemiologist, Bureau of Community Health Promotion at 608/267-3824. If sending by U.S. Postal Service mail, her mailing address is 1 W. Wilson Street, P.O. Box 2659, Madison, WI 53701-2659.
- (5) Be sure to provide a name, title, telephone number and e-mail address for the person filling out the report so that person can be contacted if there are any questions.
- (6) Use the list at the end of this page for section I of the report. If the reportable condition is longer than 25 letters and spaces, put in the proper code number and the first 25 letters and spaces of the reportable condition.
- (7) Be sure the parent/guardian has signed a parental consent form (provided and maintained by you or your facility) before submitting the report. If the parent/guardian refuses to sign a consent form, you are still required to report. However, do not provide a name or address for the child or for the child's parents. Do provide date of birth, medical record number (if available), sex, race, ethnicity, birth outcome, birthweight, gestational age estimate, plurality and, if multiple, birth order information.
- (8) Contact Elizabeth Oftedahl at 608-261-9304 if you have questions or comments. She can also be reached via e-mail at [oftedej@dhs.state.wi.us](mailto:oftedej@dhs.state.wi.us)

### Wisconsin Birth Defects Registry Reportable Conditions

#### CARDIOVASCULAR

- 100 Atrial Septal Defect
- 101 Atrioventricular Canal/Endocardial Cushion Defect
- 102 Cardiac Arrhythmia (Congenital)
- 103 Coarctation of the Aorta
- 104 Hypoplastic Left Heart
- 105 Tetralogy of Fallot
- 106 Total Anomalous Pulmonary Venous Return
- 107 Transposition of the Great Vessels
- 108 Truncus Arteriosus
- 109 Valvular Heart Disease (Congenital)
- 110 Ventricular Septal Defect

#### CHROMOSOMAL

- 150 Down Syndrome
- 151 Klinefelter Syndrome
- 152 Trisomy 13
- 153 Trisomy 18
- 154 Turner Syndrome
- 155 Velocardiofacial Syndrome (22q Deletion Syndrome)
- 156 Other Chromosomal Anomaly (*not Down Syndrome, Klinefelter Syndrome, Trisomy 13, Trisomy 18, Turner Syndrome or Velocardiofacial Syndrome*)

#### ENDOCRINE

- 200 Hypothyroidism (Congenital)

#### EYE

- 250 Cataract (Congenital or Early)
- 251 Coloboma
- 252 Glaucoma (Congenital)
- 253 Microphthalmia/Anophthalmia

#### GASTROINTESTINAL/ABDOMINAL

- 300 Biliary Atresia
- 301 Gastroschisis
- 302 Hirschsprung Disease
- 303 Omphalocele
- 304 Pyloric Stenosis
- 305 Rectal/Colonic Atresia/Stenosis
- 306 Small Bowel Atresia/Stenosis
- 307 Tracheo-Esophageal Fistula/Esophageal Atresia

#### GENITOURINARY

- 350 Ambiguous Genitalia
- 351 Epispadias
- 352 Exstrophy of the Bladder/Cloaca
- 353 Hypospadias
- 354 Multicystic and/or Dysplastic Kidney
- 355 Obstructive Urinary Tract Defect (*not Posterior Valves; not Urethral Stenosis/Atresia*)
- 356 Polycystic Kidney Disease, Autosomal Dominant Form
- 357 Polycystic Kidney Disease, Autosomal Recessive Form
- 358 Polycystic Kidney Disease, Uncertain Form
- 359 Posterior Urethral Valves
- 360 Renal Agenesis/Hypoplasia
- 361 Urethral Stenosis/Atresia

#### HEMATOLOGIC

- 400 Hemophilia
- 401 Hereditary Spherocytosis
- 402 Von Willebrand Disease

#### MUSCULOSKELETAL

- 450 Achondroplasia
- 451 Amniotic Bands
- 452 Arthrogyriposis Multiplex Congenita
- 453 Bone Dysplasia/Dwarfism, Other (*not Achondroplasia*)
- 454 Clubfoot (Congenital)
- 455 Hip Dislocation (Congenital)/Developmental Dysplasia of Hip (Congenital)
- 456 Hemivertebra
- 457 Osteogenesis Imperfecta
- 458 Scoliosis (Infantile) and/or Kyphosis
- 459 Reduction Deformity, Arm or Hand
- 460 Reduction Deformity, Leg or Foot

#### NEUROLOGIC

- 500 Anencephaly
- 501 Encephalocele
- 502 Holoprosencephaly
- 503 Hydranencephaly
- 504 Hydrocephalus (Congenital or Early)
- 505 Microcephaly (Congenital or Early)
- 506 Porencephaly
- 507 Spina Bifida
- 508 Spinal Muscular Atrophy (Infantile)

#### OROFACIAL

- 550 Choanal Atresia
- 551 Cleft Lip with or without Cleft Palate
- 552 Cleft Palate
- 553 Craniosynostosis
- 554 Microtia/Anotia

#### PULMONARY

- 600 Cystic Fibrosis
- 601 Diaphragmatic Hernia

#### SYNDROMES/ASSOCIATIONS

- 650 Angelman Syndrome
- 651 Beckwith-Wiedemann Syndrome
- 652 CHARGE Association
- 653 De Lange Syndrome (Cornelia De Lange Syndrome)
- 654 Marfan Syndrome
- 655 Noonan Syndrome
- 656 Oculoauriculovertebral Association (*including Goldenhar Association and Hemifacial Microsomia*)
- 657 Prader-Willi Syndrome
- 658 Robin Malformation Sequence (Pierre Robin Sequence)
- 659 Smith-Lemli-Opitz Syndrome
- 660 Sotos Syndrome
- 661 Stickler Syndrome
- 662 VATER Association
- 663 Williams Syndrome