

WISCONSIN BIRTH DEFECTS CONDITION NOMINATION

Please select if you are nominating to add or remove a condition.

Add Condition Remove Condition

*All nominators and co-sponsoring organizations must complete a Conflict of Interest Determination (contact program for a copy).

NOTE: Provide key references for each statement with the corresponding reference number listed on [page 2](#).

NOMINATED CONDITION INFORMATION

Nominated Condition	Date of Nomination
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Nominator

Name	Organization	Affiliation (e.g., clinician, advocate)	
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Street Address	City	State	Zip Code
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Email Address	Phone Number
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1. Co-Sponsoring Organization (if applicable; include additional sponsors on [page 3](#), if needed)

Name	Organization	Affiliation (e.g., clinician, advocate)	
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Street Address	City	State	Zip Code
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Email Address	Phone Number
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Associated ICD-10 Code	Description of Condition
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Case Definition (e.g., CDC, CSTE; optional)

Incidence and Method of Determination (determined by method(s), e.g., pilot screening, clinical identification, literature review)

Severity of Disease (e.g., morbidity, disability, mortality, spectrum of severity, natural history)

Do other state birth defects registries capture the nominated condition? Yes No. If yes, list below.

Add Condition

Why should this condition be added?

Why is this condition a public health concern?

Remove Condition

Why should this condition be removed?

Why is this condition no longer a public health concern?

NOMINATED CONDITION INFORMATION

Nominated Condition	Date of Nomination
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CRITERION DEFINITION

All nominated conditions must meet all five established primary birth defect criteria. Emerging conditions may be excluded from this requirement.

Criterion 1: Condition conforms to the statutory definition of a birth defect (i.e., a structural deformation, disruption or dysplasia, or a genetic, inherited, or biochemical disease that occurs prior to or at birth).

Criterion 2: Condition is usually identifiable by two years of age (the limit of the statute).

Criterion 3: Condition has medical, surgical, or developmental significance.

Criterion 4: Condition is of 'sufficient' frequency (birth prevalence), which is an estimated birth prevalence of 1 in 30,000 births. In Wisconsin, this would mean that two or more occurrences each year in Wisconsin would be expected.

Criterion 5: Condition is likely to be ascertained through assessment in one or more specialty clinics.

KEY REFERENCES

Reference	Criterion
Criterion 1	
1.	
2.	
Criterion 2	
3.	
4.	
Criterion 3	
5.	
6.	
Criterion 4	
7.	
8.	
Criterion 5	
9.	
10.	

Submission Instructions

Include:

- This form, Wisconsin Birth Defects Condition Nomination, completed
- Conflict of Interest Determination, completed by nominator and all co-sponsoring organizations (form available upon request)
- Documentation of references supporting criteria
- PDF format (or hard copies if mailing) of references

Submit nominations to: DHSWBDR@dhs.wisconsin.gov.

Or mail to: Wisconsin Department of Health Services
 Division of Public Health
 Birth Defects Prevention and Surveillance Program
 1 W Wilson Street, Rm 233
 Madison, WI 53703

FOR STAFF USE ONLY

Select if the condition is either emerging or non-emerging.

- Emerging Public Health Concern Condition Non-emerging Condition

NOMINATED CONDITION INFORMATION
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Nominated Condition	Date of Nomination
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ADDITIONAL CO-SPONSORING ORGANIZATIONS

2. Co-Sponsoring Organization

Name	Organization	Affiliation (e.g., clinician, advocate)	
Street Address	City	State	Zip Code
Email Address		Phone Number	

3. Co-Sponsoring Organization

Name	Organization	Affiliation (e.g., clinician, advocate)	
Street Address	City	State	Zip Code
Email Address		Phone Number	

4. Co-Sponsoring Organization

Name	Organization	Affiliation (e.g., clinician, advocate)	
Street Address	City	State	Zip Code
Email Address		Phone Number	

5. Co-Sponsoring Organization

Name	Organization	Affiliation (e.g., clinician, advocate)	
Street Address	City	State	Zip Code
Email Address		Phone Number	

6. Co-Sponsoring Organization

Name	Organization	Affiliation (e.g., clinician, advocate)	
Street Address	City	State	Zip Code
Email Address		Phone Number	