

CONFIDENTIAL BIRTH DEFECTS REGISTRY REPORT

Completion of this form by physicians and pediatric specialty clinics is mandated under the provisions of sections 253.12(1) and 253.12(2) of the Wisconsin Statutes. Personally identifiable information collected on this form will be used for matching and deduplication purposes and may be used to refer the family to appropriate services.

1. Print firmly and neatly 2. Use pen only with dark ink 3. Print inside boxes

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 4. Fax/mail original form 5. Darken circles completely 6. Mark errors like this:

A. GENERAL INFORMATION

- (1) Is this report a new report or a correction or addition to a previous report? New Correction
- (2) Has a Referral Already Been Made to:
- | | | |
|---|------------------------------|-----------------------------|
| Children and Youth with Special Health Care Needs Regional Center | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Local Public Health Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Local Birth to 3 Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (specify): _____ | | |

B. REPORTER

Today's Date (mm/dd/yyyy) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> / <table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table> / <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td> </tr> </table> </tr></table>											Name, Title, Telephone and E-mail Address of Person Completing Form

C. REPORTING SOURCE

Facility Name/Number, Address, City, State, and ZIP Code (stamp acceptable)

D. CHILD'S INFORMATION

Last Name			Date of Birth (mm/dd/yyyy)					
First Name				M.I.	Medical Record Number			
Street Address								
City		County		State	ZIP Code			
Sex	Race (check all that apply)		Ethnicity		List other names for child, if any			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undesignated	<input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Birth	Birthweight		Gestational Age Estimate		Is Birth	Birth Order (if multiple)		
<input type="checkbox"/> Live <input type="checkbox"/> Stillbirth > 20 weeks gestation	<input type="checkbox"/> Grams <input type="checkbox"/> Pounds/Ounces _____		Weeks: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other Multiple _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other _____

Place of Birth: Hospital Name/Code, Street Address, City, State, ZIP Code

E. CHILD'S PRIMARY CARE PROVIDER

Name of Primary Care Provider and Facility Name

Area Code Phone Number

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*If names and addresses of child and parents/guardians are not reported, form F-40054A must be completed (see instructions).

INSTRUCTIONS: CONFIDENTIAL WISCONSIN 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 and Family Services, Bureau of Community Health Promotion, Maternal and Child Health 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 secure website. Refer to the website at: <https://phin.wisconsin.gov/wbdr/> for electronic forms and instructions.
4. If completing the report on paper, fax to Wisconsin Birth Defects Registry, State Administrator, Bureau of Community Health Promotion at 608-267-3824. If sending by U.S. Postal Service, send to Wisconsin Birth Defects Registry, 1 W. Wilson Street, Madison, WI 53703.
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. **Parent consent is no longer required for reporting identifiers as of September 2017.** Removal of identifiers in the WBDR can be requested by parents/guardians by completing form F-40054A found on our website at www.dhs.wisconsin.gov/cyshcn/birthdefects/. Identifiers include names and addresses of the child and his or her parents/guardians. The form should be kept on file by organizations reporting birth defects and must be produced if requested by the WBDR State Administrator.
8. For additional information on birth defects in Wisconsin, refer to the website at www.dhs.wisconsin.gov/cyshcn/birthdefects/.
9. If you have questions, contact WBDR staff by email at: dhsWBDR@dhs.wisconsin.gov or by phone at 608-267-2911.

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 (Trisomy 21)
 - 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 Arthrogryposis 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