

DRAFT Critical Congenital Heart Disease Reporting Form

Chapter 37 of the Texas Administrative Code requires a physician, health care practitioner, health authority, birthing facility, or other individual who has information of a confirmed case of a disorder for which a screening test is required, to report the confirmed cases to the department.

Facility Name: _____

Facility Type: Hospital Private Provider Public Provider

Baby Name: _____ Date of Birth _____

Ethnicity: White African American Hispanic Asian Native American Other

Patient Age (in hours) at time of screening: _____ Sex: M F Unknown

Mother's Maiden Name: _____

Diagnosis:

- Pre-natal diagnosis
- Post-natal diagnosis prior to Pulse oximeter screening
- Post-natal diagnosis with pulse oximeter screening

Primary Target Condition	Secondary Target Condition
<input type="checkbox"/> 1 hypoplastic left heart syndrome,	<input type="checkbox"/> 9 coarctation of the aorta
<input type="checkbox"/> 2 pulmonary atresia with intact septum	<input type="checkbox"/> 10 double outlet right ventricle
<input type="checkbox"/> 3 tetralogy of Fallot	<input type="checkbox"/> 11 Ebstein anomaly
<input type="checkbox"/> 4 total anomalous pulmonary venous return	<input type="checkbox"/> 12 interrupted aortic arch
<input type="checkbox"/> 5 transposition of the great arteries	<input type="checkbox"/> 13 single ventricle
<input type="checkbox"/> 6 tricuspid atresia	<input type="checkbox"/> 14 Unspecified Secondary
<input type="checkbox"/> 7 truncus arteriosus	
<input type="checkbox"/> 8 Unspecified Primary	

Live Birth Non-live birth

Treatment Provided: Cardiac surgery medical management supportive care

Baby Status: Baby living Baby expired

Was infant transported for:

- Evaluation
- Treatment

Does baby have:

- isolated heart disease
- multiple anomalies
- syndrome/chromosomal anomaly diagnosed

Signature of Person Sending Report

Date Sent