

**South West Congenital Anomaly Register
Details of Congenital Anomalies**

Office Use

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DIAGNOSTIC TECHNIQUES USED TO DETECT ANOMALY			
Tick any test known to have detected an Anomaly	Date Anomaly first detected	Details of result	
Antenatal Ultrasound			
Serum screening e.g. AFP, HCG			
Karyotype			
Technique used: 1. Amniocentesis 2. CVS 3. Cordocentesis 4. Infant Blood			
Examination of newborn			
Heel prick test			
X-Ray			
Cardiac Studies			
Postnatal ultrasound			
Other (specify)			
Post mortem? 1. Yes 2. Not requested 3. Not permitted 4. Requested, not done 9. Not known			
Is report attached? 1. Yes 2. No 3. To follow 4. Not available			
ANOMALIES FOUND IN INFANT / FETUS			
Details of Anomaly		Is diagnosis Suspected (S) or Confirmed (C)	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Please use this space to draw or further describe the Anomalies			
Are any of the Anomalies thought to be part of a syndrome? Y / N / NK If yes, give details			
CONSULTANT FROM WHOM FURTHER DETAILS MAY BE AVAILABLE			
Obstetrician:	Paediatrician:	Other: (specify)	
PERSON COMPLETING FORM:			
Name (PRINT)	Address:	Tel:	
Position		Fax:	

Retain copy for reference. Return top copy to:
Rosie Thompson, Project Manager, South West Congenital Anomaly Register, Institute of Child Life and Health, Level D,
St Michael's Hospital, Southwell Street, Bristol BS2 8EG. **Tel:** 0117 928 5141 / 5142 **Fax:** 0117 928 5154