



## South West Congenital Anomaly Register Notification Card

Complete this card for any suspected or confirmed anomaly identified.  
**DO NOT WAIT until confirmation before completing and sending this card.**

<b>Mother's Details</b> <i>(or use hospital label)</i>	<b>Baby's Details (if liveborn)</b> <i>(or use hospital label)</i>
Surname _____	Surname _____
Forenames _____	Forenames _____
Address _____	Address _____
_____	_____
Postcode _____	Postcode _____
NHS No _____	Birthweight/Sex _____ / M or F
Hospital _____	Hospital _____
Hospital No _____	Hospital No _____
Date of Birth ____/____/____	Date of Birth ____/____/____

Total number of fetuses in this pregnancy \_\_\_\_\_

Pregnancy status at time of notification *(please circle)*

1. Continuing pregnancy    2. TOP    3. IUD    4. Liveborn

.....Fold here and seal at edges to close.....

*It is essential for our records that the following dates are completed. If you do not know the exact dates please provide estimated dates and indicate as such:-*

Expected delivery date    \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of scan    \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Details of anomaly and diagnosis</b> <i>(please provide as many details as you can)</i>	
Your name	_____
Your job title	_____
Your department	_____
Your hospital	_____
Date completed	____/____/____