



HOW DO I REPORT SPONTANEOUS TERMINATIONS OF PREGNANCY IN EVERS?

STEP 1: Log into NYC MED first via web address www.nyc.gov/nycmed.

The screenshot shows the NYC MED login page in Internet Explorer. The browser address bar shows <https://a816-healthpsi.nyc.gov/NYCMED/Account/Login>. The page has a header with the NYC Health logo and navigation links. The main content area has two columns: 'Sign-Up For a NYCMED Account' and 'Sign in with your NYCMED Account'. The 'Sign in' column contains a form with fields for 'Enter your User ID' and 'Password', and a 'Sign in' button. Below the form are links for 'Create an account' and 'I don't know my password'. A red callout box points to the 'Sign in' button with the text: 'Enter your NYCMED username and password and click Sign in'. Below the 'Sign in' column is a section for 'Need Help? I don't know my username or having other problems signing in?' with contact information: 'NYCMED Email: nycmed@health.nyc.gov' and 'Helpdesk: 1-888-NYCMED-9'. A second red callout box points to this section with the text: 'For Assistance with your NYCMED login call the NYCMED helpdesk'. At the bottom, there is a section titled 'APPLICATIONS' with three columns: 'Agency Services', 'Community Services', and 'Provider Services', each containing a list of services.

Sign-Up For a NYCMED Account
NYCMED is the point of entry for providers to access many of the City's health alert and reporting systems. Learn about and access other reporting platforms and services.

HEALTH ALERT NETWORK
The Health Alert Network (HAN) contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers in New York City may access the HAN.

[Go to HAN](#) [Join HAN](#) [Unsubscribe HAN](#)

Sign in with your NYCMED Account

Enter your User ID
Password
[Sign in](#)
[Create an account](#)
[I don't know my password](#)

Need Help? I don't know my username or having other problems signing in?
NYCMED Email: nycmed@health.nyc.gov
Helpdesk: 1-888-NYCMED-9

APPLICATIONS

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none">• EVERS – Electronic Vital Events Registration System• Dog Licensing Application• DOHMH Site Locator• DOHMH Site Locator - Animal Services• DOHMH Site Locator - Child Care Locator• DOHMH Site Locator - Farmers Market• DOHMH Site Locator - Hepatitis• DOHMH Site Locator - NYC Condoms• DOHMH Site Locator - Seasonal Influenza• DOHMH Site Locator - Ryan White Services• Secure File Transfer Service• Water Tank	<ul style="list-style-type: none">• Apply for Food Protection Course• Childcare Connect• Environmental Data Exchange Network• Epi Query• Group Child Care and Summer Camp Orientation• Health Academy Training Courses• Health Research Training Program• Healthy Start Brooklyn• Local Law 37• NYC Condom Order Form• NYC Pesticide Use Reporting System	<ul style="list-style-type: none">• Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)• Levels of Service (LOS)• EVERS Training Application• City Health Information (CHI) Subscription• Immunization Facilities Registration• Disease Reporting Central• Early Intervention Transportation Provider eBilling• Electronic System for HIV/AIDS Reporting & Evaluation• Health Alert Network (HAN)• HIV Care Status Report• Medical Reserve Corp Scheduling

NYCMED - Internet Explorer
https://a816-healthpsi.nyc.gov/NYCMED/Account/Login

File Edit View Favorites Tools Help

Suggested Sites (137) Suggested Sites (132) Suggested Sites (95) Suggested Sites (81) Suggested Sites (70) Suggested Sites (41)

NYC Health

Promoting and Protecting the City's Health

NYC Health

Select Language | Text-Size

NYCMED Collaboration

NYCMED

Welcome JASON BOURNE (JBOURNE@HOTMAIL.COM)

- Change Password
- Update Profile

Logout

HEALTH ALERT NETWORK

The Health Alert Network (HAN) contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers in New York City may access the HAN.

Go to HAN Join HAN Unsubscribe HAN

APPLICATIONS

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none">EVERS – Electronic Vital Events Registration SystemDog Licensing ApplicationDOHMH Site LocatorDOHMH Site Locator - Animal ServicesDOHMH Site Locator - Child Care LocatorDOHMH Site Locator - Farmers MarketDOHMH Site Locator - HepatitisDOHMH Site Locator - NYC CondomsDOHMH Site Locator - Seasonal InfluenzaDOHMH Site Locator - Ryan White ServicesSecure File Transfer ServiceWater Tank	<ul style="list-style-type: none">Apply for Food Protection CourseHealth Research Training ProgramHealthy Start BrooklynLocal Law 37NYC Condom Order FormNYC Pesticide Use Reporting System	<ul style="list-style-type: none">Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)Levels of Service (LOS)EVERS Training ApplicationCity Health Information (CHI) SubscriptionImmunization Facilities RegistrationDisease Reporting CentralEarly Intervention Transportation Provider eBillingElectronic System for HIV/AIDS Reporting & EvaluationHealth Alert Network (HAN)HIV Care Status ReportMedical Reserve Corp SchedulingMental Health Provider PortalMental Health Maven SystemPublic Health Emergency Response NetworkOSCR

Click here to Access EVERS

STEP 2: Log into EVERS. This username and password can be obtained from your system administrator.

The City of New York
Department of Health and Mental Hygiene

Username: Password:

Version #: 15.1.0.46269

[Forgot your password?](#)

Login

Type your **EVERS** username and password. Remember, these are case sensitive.

Note that if you have rights in more than one facility, they will appear in the dropdown after you log in.

The City of New York
Department of Health and Mental Hygiene

Select your Office:

Test Hospital
Testing Hospital (Manhattan)

Version #: 15.1.0.46269

Cancel

This user has access to 2 different facilities.

To start a new certificate, click **Life Events**, **Fetal Death**, and the **Start Edit New Case**.

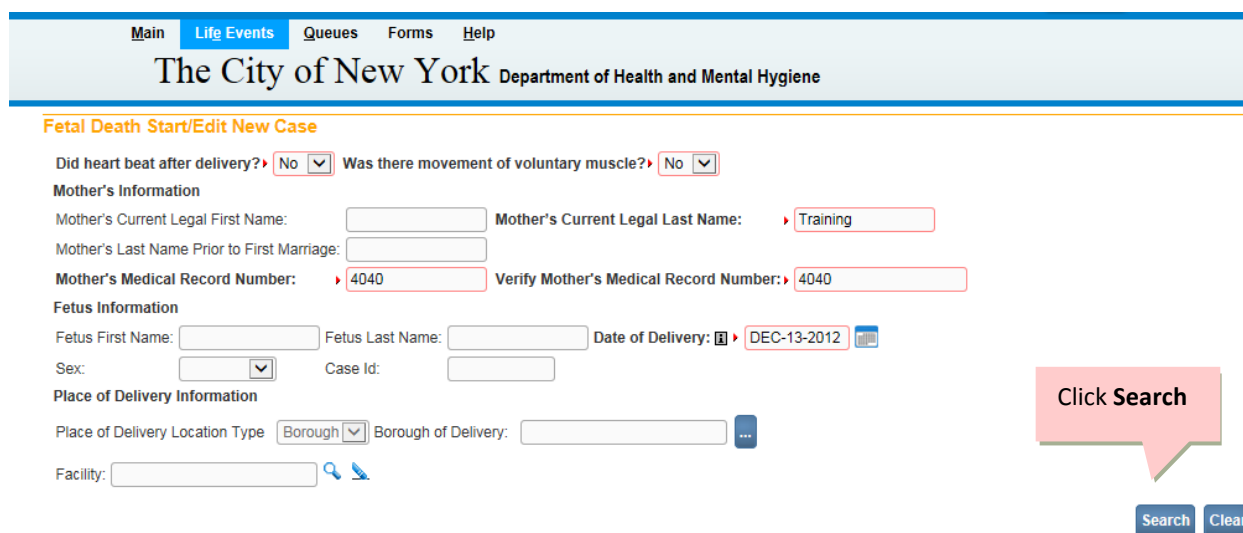
Main **Life Events** **Queues** **Forms** **Help**

Fetal Death **Locate Case**
Start/Edit New Case

Fast Links

Messages **Current Activities**

In the **Fetal Death Start/Edit New Case** screen, enter information in the required fields marked by a  then click [Search](#).



Fetal Death Start/Edit New Case

Did heart beat after delivery? Was there movement of voluntary muscle?

Mother's Information

Mother's Current Legal First Name: Mother's Current Legal Last Name:

Mother's Last Name Prior to First Marriage:

Mother's Medical Record Number: Verify Mother's Medical Record Number:

Fetus Information

Fetus First Name: Fetus Last Name: Date of Delivery:

Sex: Case Id:

Place of Delivery Information

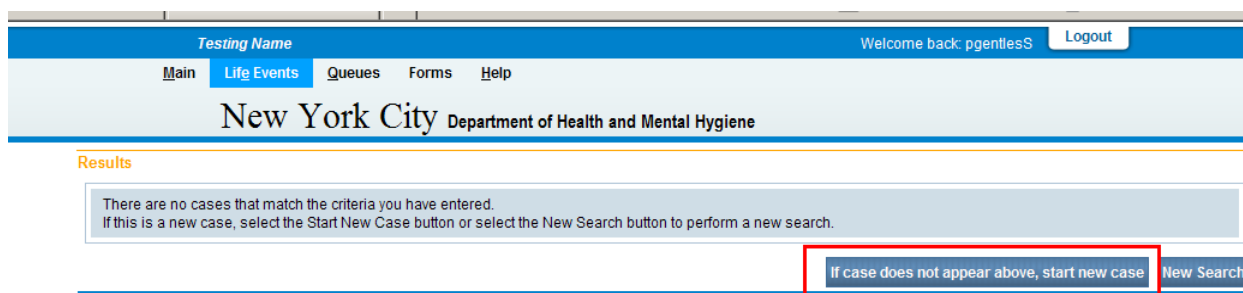
Place of Delivery Location Type: Borough of Delivery:

Facility:

[Click Search](#)

[Search](#) [Clear](#)

On a brand new case, you will get the following screen:



Testing Name Welcome back: pgentlesS [Logout](#)

[Main](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

New York City Department of Health and Mental Hygiene

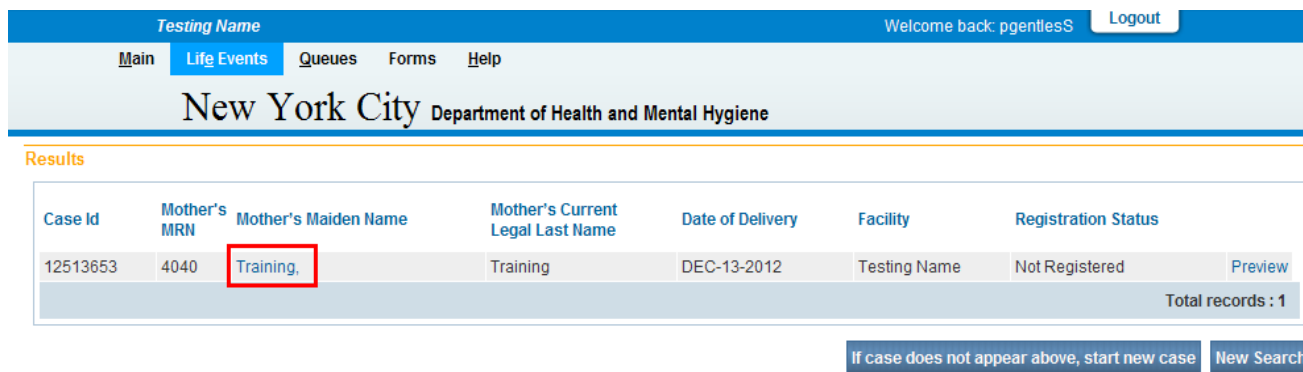
Results

There are no cases that match the criteria you have entered.
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

[If case does not appear above, start new case](#) [New Search](#)

Since there are no cases that match the information entered, you would need to click the large button highlighted in red above to start a new case.

However if the case has already been entered into the system, you would get the following Results screen:



Testing Name Welcome back: pgentlesS [Logout](#)

[Main](#) [Life Events](#) [Queues](#) [Forms](#) [Help](#)

New York City Department of Health and Mental Hygiene

Results

Case Id	Mother's MRN	Mother's Maiden Name	Mother's Current Legal Last Name	Date of Delivery	Facility	Registration Status
12513653	4040	Training.	Training	DEC-13-2012	Testing Name	Not Registered Preview

Total records : 1

[If case does not appear above, start new case](#) [New Search](#)

In the above case, you would click on the **Mother's Maiden Name** to continue with the case. Do not click the large button or a duplicate will be created.

The certificate is divided into **two sections**: Legal Information and Confidential Medical Report.

Legal Information

Confidential Medical Report

12513653 Medical Record Numbers: , **** DE

/Medical Invalid/Disposition Valid/NA/Uncertified/Not Registered/

Fetus

Fetus Name (Optional)

No Given Name ☒

First **** Middle Other Middle

Date of Delivery Time Sex

DEC-13-2012 08 : 00 AM Unknown


Number delivered in this pregnancy If more than one, number in order of delivery If more than one, number born alive

Single Not Applicable N/A

Obstetric Estimate of Gestation (completed weeks) Does mother/parent request disposition

18 No

Validate Page Next Clear Save Return

The **pages** will have a red check  until all fields have been properly completed. The number of pages that appear on the left depends on the information provided for obstetric estimate of gestation and disposition being requested or required.

For example: If gestational age is > 20 weeks there will be additional sections for you to complete in the Confidential Medical report:

All fields must be completed, and all **Validation Results** (edit rules) addressed, before a certificate can be certified.

If you have questions about the quality of information being entered, please refer to *Guidelines for Data Entry*.

Fetus Page

/Medical Invalid/Disposition Valid with exceptions/Unsigned/Uncertified/Not Registered/Medical Pending/Signature Required

Fetus

Fetus Name (Optional)

No Given Name ☒

First **** Middle Last **** Suffix

Date of Delivery Time Sex

DEC-13-2012 08 : 00 AM Unknown

Number delivered in this pregnancy If more than one, number in order of delivery If more than one, number born alive

Single Not Applicable N/A

Obstetric Estimate of Gestation (completed weeks) Does mother/parent request disposition

18 No

Validate Page Next Clear Save Return

Validation Results List All Errors Save Overrides Hide

Error Message	Override	Goto Field	Popup
FD0073: Time of Delivery is invalid. Enter a valid value for Time of Delivery.		<input type="button" value="fix"/>	<input type="button" value="fix"/>

Note: This is an example of a hard edit. The **Time** must be entered.

If **Obstetric Estimate of Gestation (completed weeks)** is **25** or greater, then a disposition permit is required based on a Board of Health adopted resolution that amended section §203.09 requiring a permit for all terminations occurring at 25 weeks gestation or later, and may be requested for terminations occurring at less than 25 weeks.

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu

Legal Information

Fetus

- ▶ Place of Delivery
- ▶ Mother/Parent
- ▶ Mother/Parent's Address
- ▶ Father/Parent Information
- Confidential Medical Report
- ▶ Mother/Parent's Attributes
- ▶ Cause/Conditions Contributing to fetal death
- ▶ Attendant/Certifier

Other Links

- Print Forms
- Comments
- Relinquish Case
- Validate Registration

12513653 Medical Record Numbers: , : ***** DEC-13-2012
/Medical Invalid/Disposition Valid/NA/Uncertified/Not Registered/Medical Pending

Fetus

Fetus Name (Optional)

No Given Name ☒

First Middle Other Middle Last Suffix

▶ Date of Delivery Time

DEC-13-2012 08 : 00 AM

Sex

Unknown

Number delivered in this pregnancy

Single

If more than one, number in order of delivery If more than one, number born alive

Not Applicable

N/A

Obstetric Estimate of Gestation (completed weeks) Does mother/parent request disposition

18

No

Validate Page Next Clear Save Return

In this scenario, the gestational age is **18 weeks**. Notice that there is a choice as to whether the mother can request disposition (i.e. burial).

Testing Name

welcome back, pgeniess

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu

Legal Information

Fetus

- ▶ Place of Delivery
- ▶ Mother/Parent
- ▶ Mother/Parent's Address
- ▶ Father/Parent Information
- Confidential Medical Report
- ▶ Mother/Parent's Attributes
- ▶ Cause/Conditions Contributing to fetal death
- ▶ Attendant/Certifier

Other Links

- Print Forms
- Comments
- Relinquish Case
- Validate Registration

12513653 Medical Record Numbers: , : ***** DEC-13-2012
/Medical Invalid/Disposition Valid/NA/Uncertified/Not Registered/Medical Pending

Fetus

Fetus Name (Optional)

No Given Name ☒

First Middle Other Middle Last Suffix

▶ Date of Delivery Time

DEC-13-2012 08 : 00 AM

Sex

Unknown

Number delivered in this pregnancy

Single

If more than one, number in order of delivery If more than one, number born alive

Not Applicable

N/A

Obstetric Estimate of Gestation (completed weeks) Does mother/parent request disposition

25

Application for disposition permit is required

Validate Page Next Clear Save Return

In this scenario, the gestational age is **25 weeks**. Notice that there is no choice. A *disposition permit must be issued*. See [Appendix A](#) on reporting cases that have a *disposition*.

Place of Delivery Page

Select **Type of Place of Delivery** from the dropdown.

Testing Name Welcome back: pgentless Logout

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu

- Legal Information
 - Fetus
 - Place of Delivery
 - Mother/Parent
 - Mother/Parent's Address
 - Father/Parent Information
- Confidential Medical Report
 - Mother/Parent's Attributes
 - Prenatal
 - Mother/Parent's Health
 - Pregnancy Factors
 - Delivery
 - Fetal Attributes
 - Cause/Conditions Contributing to fetal death
 - Attendant/Certifier
- Disposition
 - Disposition
- Other Links
 - Print Forms
 - Comments
 - Relinquish Case
 - Validate Registration

12513653 Medical Record Numbers: , : **** ** DEC-13-2012
/Medical Invalid/Disposition Invalid/Unsigned/Uncertified/Not Registered/Medical Pending/Disposition Pending

Place of Delivery

Type of Place of Delivery Other Specify

Facility Name

Address

Borough

Street Number Pre Directional Street Name or PO Box, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.

City or Town County State Country Zip Code

Validate Page Next Clear Save Return

Note: The facility information auto populates.

Click **Validate Page** to save the information and make sure there are no outstanding edit rules on the page.

Mother/Parent Page

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu

- Legal Information
 - Fetus
 - Place of Delivery
 - Mother/Parent
 - Mother/Parent's Address
 - Father/Parent Information
- Confidential Medical Report
 - Mother/Parent's Attributes
 - Prenatal
 - Mother/Parent's Health
 - Pregnancy Factors
 - Delivery
 - Fetal Attributes
 - Cause/Conditions Contributing to fetal death
 - Attendant/Certifier
- Disposition
 - Disposition
- Other Links
 - Print Forms
 - Comments
 - Relinquish Case
 - Validate Registration

12513653 Medical Record Numbers: , : **** ** DEC-13-2012
/Medical Invalid/Disposition Invalid/Unsigned/Uncertified/Not Registered/Medical Pending/Disposition Pending

Mother/Parent

Mother/Parent's Current Legal Name

First Middle Last Suffix

Copy Current Legal Name

Mother/Parent's Name Prior to First Marriage

First Middle Last Suffix

Date of Birth Age Sex

Mother/Parent's Birthplace

City State Country

Validate Page Next Clear Save Return

Click button to copy the **Legal Name** to the **Maiden Name** section if the name is the same. **Override Soft Edit as shown below.**

Validation Results

List All Errors Save Overrides Hide

Error Message

FD0630: Mothers current last name is the same as maiden name
Verify that mothers maiden name and current name are the same. Enter valid name if incorrect.

Override ☒ Goto Field

Mother/Parent's Address Page

Testing Name

Welcome back: pgentlesS

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Department of Health and Mental Hygiene

Fetal Death Registration Menu

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Prenatal

Mother/Parent's Health

Pregnancy Factors

Delivery

Fetal Attributes

Cause/Conditions Contributing to fetal death

Attendant/Certifier

Disposition

Disposition

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Relinquish Case

Validate Registration

12513653 Medical Record Numbers: , :**** ** DEC-13-2012

/Medical Invalid/Disposition Invalid/Unsigned/Uncertified/Not Registered/Medical Pending/Disposition Pending

Mother/Parent's Address

Residence Address

Street Number

Pre Directional

Street Name, Rural Route, etc.

Street Designator

Post Directional

Apt #, Suite #, etc.

24

Broadway

City or Town

County

State

Country

Zip Code

New York

New York

New York

United States

10013

Inside City Limits

Yes

Click Validate Page

Validate Page

Next

Clear

Save

Return

Father/Parent's Information Page

Testing Name

Welcome back: pgentlesS

Logout

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New York City

Department of Health and Mental Hygiene

Fetal Death Registration Menu

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Father/Parent

Confidential Medical Report

Mother/Parent's Attributes

Father/Parent's Attributes

Prenatal

Mother/Parent's Health

Pregnancy Factors

Delivery

Fetal Attributes

Cause/Conditions Contributing to fetal death

Attendant/Certifier

Disposition

Disposition

Other Links

Print Forms

Comments

Relinquish Case

Validate Registration

12513653 Medical Record Numbers: , :**** ** DEC-13-2012

/Medical Invalid/Disposition Invalid/Unsigned/Uncertified/Not Registered/Medical Pending/Disposition Pending

Father/Parent's Information

Are you entering Father/Parent's Information? AOP Forms are N/A for spontaneous terminations

Yes

Note that when you answer **Yes** to **Are you entering Father/Parent's Information?** Two additional sections appear on the left menu.

Validate Page

Next

Clear

Save

Return

Mother/Parent's Attributes Page

Fetal Death Registration Menu

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Cause/Conditions Contributing to fetal death

Attendant/Certifier

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Validate Registration

New York City

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12513653

Medical Record Numbers: , : *****

DEC-13-2012

/Medical Invalid/Disposition Valid/NA/Uncertified/Not Registered/Medical Pending

Mother/Parent's Attributes

Medical Record Number

Date Last Normal Menses Began

AUG-14-2012

Education

8th grade or less; none

Some college credit, but no degree

Master's Degree

9th-12th grade, no diploma

Associate degree

Doctorate or Professional degree

High School graduate or GED

Bachelor's degree

Unknown

Was Mother/Parent employed during pregnancy?

Yes

Current/most recent occupation

Nurse

Kind of business or industry

Ancestry

(Check one box and Specify)

Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc)

Hispanic Origin

Non Hispanic (Italian, African, American, etc)

Italian

Unknown

Race as defined by the U.S Census (Check one or more to indicate what the Mother/Parent considered herself/himself to be)

White

Japanese

Guamanian or Chamorro

Black or African American

Korean

Samoan

American Indian or Alaska Native (specify tribe)

Vietnamese

Other Pacific Islander (specify)

Asian Indian

Other Asian (specify)

Other (Specify)

Chinese

Native Hawaiian

Unknown

Filipino

Never lived in United States

If born outside of the United States, how long lived in the US? (years)

(If < 1 YR, months)

Validate Page

Next

Clear

Save

Return

For Non-Hispanic ancestry, use the lookup table via the magnifying glass and select the ancestry.

Causes/Conditions Contributing to fetal death Page

main

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12513653

Medical Record Numbers: , : *****

DEC-13-2012

/Medical Invalid/Disposition Valid/NA/Uncertified/Not Registered/Medical Pending

Cause/Conditions Contributing to fetal death

Initiating Cause/Condition

Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.

Maternal conditions/Diseases (Specify)

Complications of placenta, cord or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify) Please consult with OCME.

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

Unknown

Was this Case Referred to OCME?

Yes

Case Reviewed at OCME by:

LookUp

First

Middle

Last

Suffix

Other Significant Causes or Conditions

Select or Specify all other conditions contributing to death.

Maternal conditions/Diseases (Specify)

Complications of placenta, cord or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other (specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Validate Page

Next

Clear

Save

Return

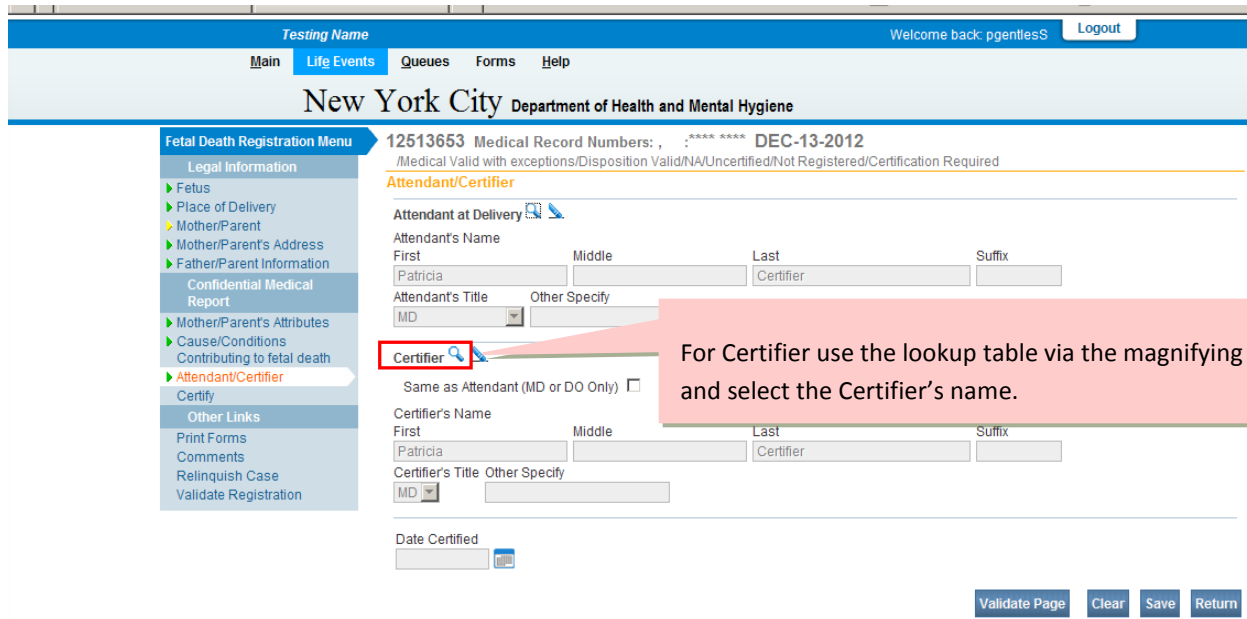
Select only one initiating cause/condition. Select as many other significant causes or conditions as necessary.

If the case is referred to the medical examiner, select the name from the lookup table via the magnifying glass.

Attendant/Certifier Page

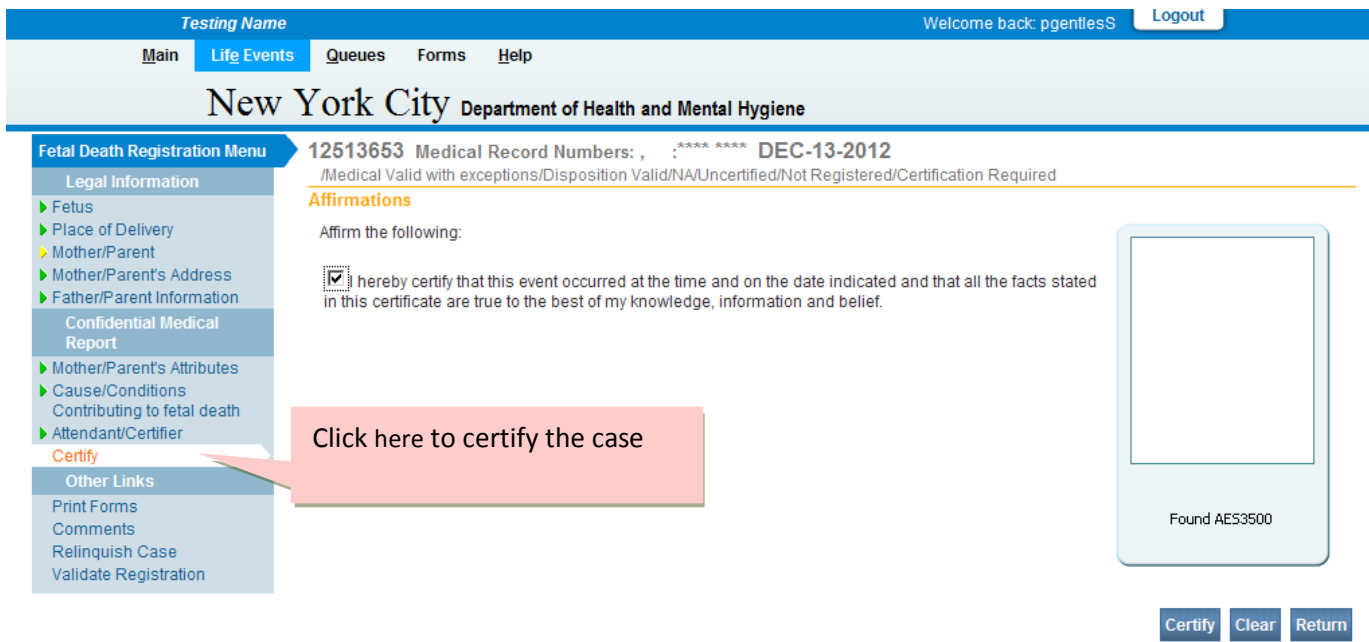
Attendant and **Certifier** information must be completed by selecting them from the lookup .

Note: The Attendant's name can also be typed in, if that **User Type** was not selected when the Account was created.



The above pages are the core pages that display when obstetric estimate of gestation is less than or equal to 20 weeks. Additional pages will display in the Confidential Medical Report if the obstetric estimate of gestation is greater than 20 weeks.

Once the case is accurately completed, it is ready to be certified.



CERTIFYING (SIGNING) CASES

Find the case via **Life Events, Fetal Death, Locate Case**

Testing Name

Welcome back: pgentles Logout

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Locate Case

Start/Edit New Case

Health and Mental Hygiene

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Fetal Death Search

Registration Work Queue Summary

Testing Name

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Locate Case

Mother's Information

Mother's Current Legal First Name:

Mother's Current Legal Last Name:

Mother's Last Name Prior to First Marriage:

Mother's Medical Record Number:

Fetus Information

Fetus First Name:

Fetus Last Name:

Date of Delivery:

Sex:

Case Id:

Place of Delivery Information

Place of Delivery Location Type:

Borough of Delivery:

Facility:

Type as much information as you have on a case to locate it.

Search

Soundex

Clear

You can also enter information in one field to locate a record

Testing Name

Welcome back: pgentles Logout

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New York City Department of Health and Mental Hygiene

Results

Case Id	Mother's MRN	Mother's Maiden Name	Mother's Current Legal Last Name	Date of Delivery	Facility	Registration Status	
12513665	1111	Negro, Mary Ann	Brown	DEC-18-2012	Testing Name	Not Registered	Preview

Total records : 1

New Search

Click on the **Mother's Maiden Name** to access the case

Testing Name Welcome back: pgentles Logout

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu 12513665 Medical Record Numbers: 1111, :**** DEC-18-2012
/Medical Valid/Disposition Valid/NA/Uncertified/Not Registered/Certification Required

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Cause/Conditions

Contributing to fetal death

Attendant/Certifier

Certify

Other Links

Print Forms

Comments

Relinquish Case

Validate Registration

Fetus

Fetus Name (Optional)

No Given Name ☒

First Middle Other Middle Last Suffix

Date of Delivery Time DEC-18-2012 06:30 AM

Sex Unknown

Number delivered in this pregnancy Single

If more than one, number in order of delivery Not Applicable

If more than one, number born alive N/A

Obstetric Estimate of Gestation (completed weeks)

Does mother/parent request disposition No

Validate Page Next Clear Save Return

Click the **Certify** link on the left menu.

Testing Name Welcome back: pgentles Logout

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu 12513665 Medical Record Numbers: 1111, :**** DEC-18-2012
/Medical Valid/Disposition Valid/NA/Uncertified/Not Registered/Certification Required

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Cause/Conditions

Contributing to fetal death

Attendant/Certifier

Certify

Other Links

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Relinquish Case

Validate Registration

Affirmations

Affirm the following:

☒ I hereby certify that this event occurred at the time and on the date indicated and that all the facts stated in this certificate are true to the best of my knowledge, information and belief.

Place Finger

Click **Certify**

Certify Clear Return

Check the Affirmation

Place your enrolled finger on the biometric device when you see the **Place finger** below the square.

Testing Name Welcome back: pgentles Logout

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu 12513665 Medical Record Numbers: :**** DEC-18-2012
/Medical Valid/Disposition Valid/NA/Certified/Registered

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Cause/Conditions

Contributing to fetal death

Attendant/Certifier

Certify

Other Links

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Relinquish Case

Validate Registration

Affirmations

Authentication successful.

Clear Return

Once your fingerprint is verified you will get an **Authentication successful** message. The case is automatically registered

Signing certificates via **Current Activities**:

On the main screen, click Current Activities

Testing Name Welcome back: pgentlesS Logout

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New York City Department of Health and Mental Hygiene

Fast Links

Messages Current Activities Fetal Death Search Registration Work Queue Summary

Testing Name Welcome back: pgentlesS Logout

The **Certification Required** queue tells you how many cases need to be certified (signed) at your facility

Current

Queue Name	Type ↓	Count	Age of Oldest in Days
Certification Required	Fetal Death	1	0
Disposition Pending	Fetal Death	8	704
Medical Pending	Fetal Death	8	685
Signature Required	Fetal Death	1	449
			Total Queues : 4

Click on **Certification Required** queue and select the case you need to sign.

Testing Name Welcome back: pgentlesS Logout

Main Life Events **Queues** Forms Help

New York City Department of Health and Mental Hygiene

Search by Registration Work Queue

Queue: Certification Required - Fetal Death Search Type: Value: Display 15 rows per page. Filter: Search Show All Rows Clear Return

All	Case Id	File Number	Registrant	Date of Event ↑	Data Provider
<input type="checkbox"/>	12513666	****	****	DEC-18-2012	Testing Name

Total records : 1

Select the case by clicking on the **Case ID** or **Registrant**

APPENDIX A

CASES WITH A DISPOSITION (BURIAL PERMIT)

Private Burial

Complete the **Case** as usual. Click on the **Disposition** link on the left menu.

New York City Department of Health and Mental Hygiene

12513666 Medical Record Numbers: 999, ,**** DEC-18-2012
/Medical Valid with exceptions/Disposition Invalid/Unsigned/Certified/Not Registered/Disposition Pending

Disposition

Will medical institution be responsible for disposition permit? **No**

Method of disposition **Other Specify**

Date of disposition

Place of disposition

Place of Disposition

City or Town State Country

Funeral Director

License Number **Lookup**

First Middle Last Suffix

Funeral Home

Business Registration Number **Lookup**

Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc

City or Town State Country Zip Code

Individual Authorizing Disposition

First Middle Last Suffix

Relationship to Fetus Other specify

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc

City or Town State Country Zip Code

United States

Validate Page Clear Save Return

Select **No** from the dropdown. **Will medical institution be responsible for disposition permit? Click**

Validate Page

A funeral home will then pick up the electronic case and complete the disposition information.

City Burial (2 Scenarios) Note these are rare.

1. The gestational age is 25 weeks or over and the mother has no means for a private burial

12513666 Medical Record Numbers: 999, : ***** DEC-18-2012
/Medical Invalid/Disposition Invalid/Unsigned/Uncertified/Not Registered/Medical Pending/Disposition Pending

Fetus

Fetus Name (Optional)

No Given Name ☒

First Middle Other Middle Last Suffix

▶ Date of Delivery ⓘ Time
DEC-18-2012 09 : 45 AM

Sex
Male

Number delivered in this pregnancy
Single

If more than one, number in order of delivery
Not Applicable

If more than one, number born alive
N/A

Obstetric Estimate of Gestation (completed weeks) ⓘ
25 Application for disposition permit is required

Does mother/parent request disposition

Validate Page Next Clear Save Return

2. The gestational age is <25 weeks and the mother has no means for a private burial

▶ 12513666 Medical Record Numbers: , : ***** DEC-18-2012
/Medical Valid with exceptions/Disposition Invalid/Unsigned/Uncertified/Not Registered/Certification Required/Disposition Pending

Fetus

Fetus Name (Optional)

No Given Name ☒

First Middle Other Middle Last Suffix

▶ Date of Delivery ⓘ Time
DEC-18-2012 09 : 45 AM

Sex
Male

Number delivered in this pregnancy
Single

If more than one, number in order of delivery
Not Applicable

If more than one, number born alive
N/A

Obstetric Estimate of Gestation (completed weeks) ⓘ
18

Does mother/parent request disposition
Yes

Validate Page Next Clear Save Return

Complete the **Legal Information** and the **Confidential Medical Report** as usual. Click on the **Disposition** link on the left menu.

Disposition

Will medical institution be responsible for disposition permit? Yes

Method of disposition City Burial (Potter's Field) Other Specify

Date of disposition

Place of disposition

Place of Disposition
City Cemetery At Hart Island

City or Town State New York Country United States

Funeral Director

License Number Lookup

First Middle Last

Jason Graham

Funeral Home

Business Registration Number Lookup

Office of Chief Medical Examiner

Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc

520 First Avenue

City or Town State New York Country United States Zip Code 10016

Individual Authorizing Disposition

First Middle Last Suffix

Marie Grey

Relationship to Fetus Mother Other specify

Address

Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc

89 5th Avenue

City or Town State New York Country United States Zip Code 10013

Select **Yes** from the dropdown.
Will medical institution be responsible for disposition permit?

Enter **Jason Graham** for the funeral Director

Complete the Individual Authorizing Disposition information and then click Validate Page

Note that the Office of Chief Medical Examiner information auto populates.

Testing Name Welcome back: pgentlesS Logout

Main Life Events Queues Forms Help

New York City Department of Health and Mental Hygiene

Fetal Death Registration Menu

Legal Information

Fetus

Place of Delivery

Mother/Parent

Mother/Parent's Address

Father/Parent Information

Confidential Medical Report

Mother/Parent's Attributes

Cause/Conditions Contributing to fetal death

Attendant/Certifier Certify

Disposition

Disposition

Sign

Sign/Certify

Other Links

Print Forms

Comments

Relinquish Case

Validate Registration

12513666 Medical Record Numbers: , : ***** DEC-18-2012

/Medical Valid with exceptions/Disposition Valid/Unsigned/Uncertified/Not Registered/Certification Required/Signature Required

Affirmations

Affirm the following:

☒ I affirm the information provided is accurate and complete to the best of my knowledge.

☒ On the basis of examination, in my opinion, the death occurred due to the causes or conditions stated.

Place Finger

For all **City Burials** the physician will need to **Sign** and **Certify** the case by clicking on **Sign/Certify**.

Check both affirmations, and then click on **Sign/Certify** to affirm.

Testing Name
Welcome back: pgentlesS
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Fetal Death Registration Menu
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Validate Registration

12513666 Medical Record Numbers: , : **** * DEC-18-2012
/Medical Valid with exceptions/Disposition Valid/Signed/Certified/Registered/Burial Permit Ready to Print
Affirmations
Authentication successful.
Clear Return

Validation Results
Show All
Save Overrides
Hide

Once your fingerprint is verified you will get an **Authentication successful** message. The case is automatically registered

For questions regarding EVERS, please contact:

Constituent Services Unit
New York City Department of Health and Mental Hygiene
(646) 632-6705
evers@health.nyc.gov

Have you seen our website yet? Go ahead, take a look now! <http://www.nyc.gov/evers>