# eVital Manual: Electronic Birth Registration Module

New York City Department of Health and Mental Hygiene

Division of Epidemiology Bureau of Vital Statistics



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# How do I log in to eVital?

- 1. To access the eVital Events Registration System, open an Internet Explorer browser and type **nyc.gov/evers** in the URL address bar.
- 2. From the Electronic Vital Events Registration System (EVERS) page, scroll down to the eVital section, "Are you an eVital administrator? To enroll your users, please click here."
- 3. Click the displayed word here. This is a hyperlink that will bring you to the eVital Events Registration System **Login** page.
- 4. On the Login page, type your NYCID Email Address and Password.
- 5. Click the Log in button.
- 6. If the user's profile role is associated with more than one facility, you will be prompted to select a facility. Select a **Facility** from the drop down menu and click **Go To Unit**. The **Welcome to eVital Dashboard** screen will appear.

# **Dashboard Icons**

- 1. There are **Dashboard icons** that are available from the **Dashboard** screen after you login.
  - On the upper right hand corner, under Welcome is where you can find your username.
  - Help icon 🖸 where you can search for answers to eVital questions.
  - **My profile icon** where you can edit personal information, such as your email address or you can also access your profile from the **Dashboard.** Click the **menu icon**. Then click **Main**. A dropdown list appears. Click **My Profile**.
  - From any screen, the **home icon** or **NYC Health icon** return to the **Dashboard** screen a/k/a eVital Homepage)
  - 2. **Logout** button to log off the eVital system.
  - **a. Menu icon io** to navigate eVital system through menu options.

## **Overrides**

There are two types of errors, *hard edits* which appear in red and *soft edits* which appear in orange. Hard edits are errors that must be addressed and corrected or the birth certifier will not be able to sign the certificate. Soft edits are errors that must be addressed and if needed, must be overridden or the birth certifier will not be able to sign the certificate

Example of a soft edit: If you get an error message, the system is prompting you to verify if the information is correct or not. If the information is correct, then you MUST override the error message. First, check the Override box, then click **Save Overrides**. Click **Save** then go to the next page. If you get a *soft edit with a reason*, you must type in a reason then click **Save Overrides**. Click **Save** then go the next page.

Hard edits are indicated in red and will remain red until the missing/correct data is entered for the case. Hard edits, unlike soft edits, cannot be overridden. Therefore, correct data MUST be entered in the field in order to continue with and complete the certificate. Enter the missing information, click **Save** then go to the next page.



# 1. Creating a new Birth Case

1. Click the menu icon



2. Select Life Events

	Preferred Queues
Main >	
Life Events	2 All Queues
	Welcome to eVital!
	Your profile has been successfully created in the new eVital application.
	When the eVital application is rolled out to production, you can access it This profile has been created for <b>"Testing Hospital (Manhattan)</b> " facility

## 3. Select Birth

			User Enrollment and
	Life Events	Б	Proformed Queues
<	Back		Teleffed Quedes
	Birth	3	All Queues
	Death >		
	STOP >		
	ITOP >		Welcome to eVital!
			Your profile has been successfully created in the new eVital application.
			When the eVital application is rolled out to production, you can access it
			This profile has been created for "Testing Hospital (Manhattan)" facility.

## 4. Select Start New Case



5. The Foundling Baby field will default to No. The field should remain as No.

oundling Baby*		5
No		<b>.</b>
ate of Child's Birth*		Sex*
Aug-01-2017	6 > 🗂	Male * V
hild's Last Name*	-	Mother's Maiden Last Name (Prior to first marriage)*
Smiith	8	Pinkett
hild's Medical Record Number*		Confirm Child's Medical Record*
555000	9	555000
Iother's Medical Record Number*	_	Confirm Mother's Medical Record Number*
000555	10	000555

- 6. Click the **calendar icon** . Select the Child's Birth Date. Alternately, type the Date into the field.
- 7. Click in the field marked Sex. Select from the list Sex, Unknown or Undetermined.
- 8. Type the **Child's Last Name** and the **Mother's Maiden Last Name** in the corresponding fields.
- 9. Type the Child's Medical Record Number. Re-type the Child's Medical Record Number in the Confirm Child's Medical Record field.
- 10. Type the Mother's Medical Record Number in the corresponding field.

*Note:* If you have not completed a field, an error notice appears indicating you must complete that field to continue with the **Birth Registration Case**.

11. When you have completed all the fields, check your work. Then click on Search.

There are no cases that match the criteria you have entered.	Start new Birth Case	12	+
There are no cases that match the criteria you have entered.		12	Create New Case
	There are no cases that match the criteria you have entered.		

12. If no cases match the criteria you have entered, click on **Create New Case**. The **Birth Registration - Child** web form automatically opens. You may continue to Parent Information.

# 2. Parent Information Section

eVital will take you directly to the **Parent Information** tab. The fields will prepopulate with the information you entered on the first page (Mother's Maiden Last name, Child's Last name, Date of Birth, Sex and the Mother's and the Child's MRN number.).

Birth Registration	
Parent Information	K Save
Child	Case ID: 10280 Child Name: Smith (MRN: 000111) Event Date: Aug-11-2017
Mother/Parent Information	
Mother/Parent Address	Case Status: New Event Uncertified Unregistered
Mother/Parent Attributes	Information Status:
Mother/Parent Health	
Paternity	Child

## 3. Child Information

*Note:* To complete this form, you must have completed **Starting a New Birth Case**.

The Case ID number is generated. The **Case Status** is listed as a "New Event, Uncertified and Unregistered". At the **Birth Registration** screen, click on **Child**. The **Child Information** web form opens with the **Last Name, Date of Birth** and **Sex** fields automatically populated. When you have completed all the fields, check your work. Then click on **Save.** 

Birth Registration							
Parent Information							Save
Child	Case ID: 10280 Child Na	me: Smith (MRN: 000111)	Event Date: Aug	-11-2017			3
Mother/Parent Information							
Mother/Parent Address	Case Status: New Eve	ent Uncertified Unregie	stered				
Mother/Parent Attributes	Information Status:						
Mother/Parent Health							
Paternity	Child						
Admission and Discharge							
Facility Information	Child Demographic						
Place of Birth	First			Middle			
Prenatal	Jaden			Eric			
Pregnancy Factors	Other Middle			Last			
Labor				Smith			
Delivery	- <i>II</i>						
Newborn	Suffix						
Newborn Factors	Select one		~				
Attendant/Certifier	Date of Birth	Tim	ne of Birth			Sex	
Other Registries	Aug-11-2017	<b>C</b>	8:00 AM		©	Male	×
Hearing Screening	Has Mother Approved Assignment	of SSN for Child?					
Metabolic Screening	No	* ~					

If all fields contain valid information, a green dot appears next to **Child in** the main menu. You may continue to **Mother/Parent Information**.

## 3. Mother/Parent Information.

**Click Mother/Parent Information.** 

The Mother/Parent Information web form opens. Type the Mother/Parent's Legal First, Middle and Last Names into the corresponding fields. Complete the appropriate fields. Click on Save. If all fields contain valid information, a green dot appears. You may continue to Mother/Parent Address.

Mother/Parent Health				
Paternity	Mother/Parent Information			
<ul> <li>Admission and Discharge</li> </ul>				
Facility Information	Legal Name			
Place of Birth	First*	Middle		
Prenatal	Jada	Willow		
Pregnancy Factors	Last*	Suffix		
Labor	Pinkett	Select o	ne	
Delivery				
Newborn	Copy Legal Name			
Newborn Factors				
Attendant/Certifier	Maiden Name (Prior to First Marriage)			
Other Registries	First*	Middle		
<ul> <li>Hearing Screening</li> </ul>	Jada	Willow		
Metabolic Screening	Last	Suffix		
Other Links	Pinkett	Select o	ne	~
Preview Case				
Documentary Evidence	Mother/Parent's Date of Birth Known?	Mother/Parent's Date of Birth	Age*	
Case Status History	Known × ~	May-16-1985	<u>~</u> 32	
Messages	Sex			
Registration Validations	Eamale	* ~		
Preview Work Copy	renare			
Request to Abandon/Void	SSN	SSN Valu	e	
Comments	Available	× ~ ***.**.1	111	

## 4. Mother/Parent Address.

**Click Mother/Parent Address.** 

The Mother/Parent Address web form appears. Select a Country from dropdown list (United States will always be listed first). Type in the patient's Birth City and Birth State. In the Residence Address portion of the web form, type the Residence Address in the corresponding fields and Select the Country from the dropdown. Click on Verify Address.

Child     Mother/Parent Information	Case ID: 10280 Child Name	: Jaden Eric Smith (MRN: 000111) Mo	ther Name: Jada Willow Pinkett (MRN: 111000	) Event Date: Aug-11-2017
Mother/Parent Address     Mother/Parent Address     Mother/Parent Attributes	Case Status: Legal Pend Information Status:	ding Medical Pending Uncertified Unre	egistered	
Mother/Parent Health     Paternity	Mother/Parent Address			
Admission and Discharge	Birthplace Country			
Facility Information	United States	ж ~		
Place of Birth	Birthplace City or Town		Birthplace State/U.S. Territory	
Prenatal	Brooklyn		New York	* ~
Pregnancy Factors				
Labor	Residence Address			
Delivery	Residence Address			
Newborn	Street Number and Name, Rural Route	e (No P.O. Box, etc)		
Newborn Factors	328 E 34th St			
Attendant/Certifier	Apartment, Suite, Building, Floor, etc			
Other Registries	Apt C1			
<ul> <li>Hearing Screening</li> </ul>	City or Town		County	
<ul> <li>Metabolic Screening</li> </ul>	New York		New York	
Other Links	State	Country	Zip Code	
Preview Case	NY	United States	* ~ 10016-4	930
Documentary Evidence				
Case Status History				✓ Verified ♥ Verify Address

**Disclaimer:** The content is subject to change with NYC DOH regulations and policies.

Click the **Inside City Limits** field to open the dropdown list. **Select Yes, No** or **Unknown**. *Note:* This field indicates if place of residence is within New York City limits.

Complete the **Mailing Address** section. If all fields contain valid information, a **green dot** appears. Click the **Save** button. You may continue to **Mother/Parent Attributes**.

iviessages						
Registration Validations	Inside City Limits					
Preview Work Copy	Yes				x ~	
Request to Abandon/Void						
Comments	Mailing Address					
		Mailing Address Same As Residen	ce			
(2) meaning nources serie As resources Street Number and Name, Rural Route (No P.O. Box, etc.)						
	328 E 34th St					
	Apartment, Suite, Building, Floor, etc					
	Apt C1					
	City or Town		County			
	New York		New York			
	State	Country		Zip Code		
	NY	United States	~	10016-4930		
	Contact Details				Verified Verify Address	
	Daytime Telephone Number		Extension			
	(917) 555-1212					
	V Evening Same As Daytime Telephone Number					
	Evening Telephone Number					
	(917) 555-1212					

## 5. Mother/Parent Attributes.

#### **Click Mother/Parent Attributes.**

Click in the field marked **Mother/Parent Education** to open the dropdown list. **Select** the **Mother/Parent's Education** from the list. Complete the appropriate fields. Click the field marked **Mother /Parent's Ancestry** and **Select** the category from the list. Click the field marked **Origin** and **Select** from the list. **Select** the **Mother/Parent's Race** from the menu. Click on **Save.** If all fields contain valid information, a **green dot** appears .You may continue to **Mother/Parent Health.** 

Paternity	Mother/Parent Attributes			
Admission and Discharge	Mother/Parent's Education		Was Mother/Parent Employed During Pregnancy	
Facility Information	Bachelor's degree	ж ~	Yes	ж ~
Place of Birth	Current/Most Recent Occupation		Kind of Business or Industry	
Prenatal	Teacher		NYCDOE	
Pregnancy Factors				
Labor				
Delivery	Ancestry			
Newborn	Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)			× ~
Newborn Factors	Origin			
Attendant/Certifier	African American			× ~
ther Registries				
Hearing Screening	Race			
<ul> <li>Metabolic Screening</li> </ul>	☑ White		Uietnamese	
	Black or African American		Other Asian	
other Links	American Indian or Alaskan Native, specify tribe		Native Hawalian	
Preview Case	Asian Indian		Guamanian or Chamorro	
Documentary Evidence	Chinese		Samoan	
Case Status History	Filipino		Other Pacific Islander	
Messages	Japanese		Other	
Registration Validations	Korean		Unknown	
Preview Work Copy				

## 6. Mother/Parent Health.

#### **Click Mother Parent Health**

The Mother/Parent Health web form opens. Click in the Did Mother/Parent participate in WIC during pregnancy field. Select Yes, No or Unknown from the dropdown list. Type the Mother/Parent's height in feet and inches in the corresponding field. Complete the appropriate fields. Click on Save. If all fields contain valid information, a green dot appears. You may continue to Paternity.

	Information Status:	
Mother/Parent Health	Mashav/Decent Maaldh	
Paternity	Mother/Parent Health	
Admission and Discharge	Did Mother/Parent Participate in WIC During this Pregnancy?	
Facility Information	No × v	
Place of Birth		
Prenatal	Height	
Pregnancy Factors	Mother/Parent's Height (ft-in)	
Labor	05-06	
Delivery		
Newborn		
Newborn Factors	Weight	
Attendant/Certifier	Mother/Parent's Pre-Pregnancy Weight (lbs.)	Mother/Parent's Weight at Delivery (lbs.)
Other Registries	135	175
Hearing Screening		
Metabolic Screening	Cigarette Smoking	
Other Links	Cigarette Smoking (per day) in the 3 Months Before or During Pregnancy?	
Preview Case	No * ~	
Documentary Evidence		
Case Status History	Alcohol Use During this Pregnancy?	
Messages	No	х ∨
Registration Validations		
Preview Work Copy	Illicit And Other Drugs Used	
Request to Abandon/Void	Illicit And Other Drugs Used During this Pregnancy?	
Comments	No × v	

## 7. Paternity

#### **Click Paternity.**

The Paternity Web Forms opens. Click the Are You Entering the Father/Parent's information. Select Yes, Acknowledgment of Paternity. Select the How Will the AOP be submitted? Select the appropriate option. Click Save. If all fields contain valid information, a green dot appears. You may continue to Father/Parent Information.

womer/Parent Realth	
Paternity	Patenity
Father/Parent Information	Are You Entering Father/Parent's Information?
Father/Parent Birth Place	
Father/Parent Attributes	Yes, Acknowledgement of Paternity × ×
Admission and Discharge	How Will the AOP be Submitted?
Acknowledgement Of Paternity	Faxed × ^
AOP - Child	٩٩
AOD - Father/Darent	Scan both sides of AOP
	Faxed
AOP - Mother/Parent	

The **Acknowledge of Paternity** section is now displayed to the web form. The AOP-Child and AOP-Mother/Parent information is automatically populated based on the information already entered. Note: Scanning is the preferred option. This expedites the processing of the birth certificate.

## 8. Father/Parent Information

#### **Click Father/Parent Information.**

The Father/Parent Information web forms opens. Type the First, Middle and Last Names into the corresponding fields. Use the Calendar control to Select the Date or type the Date into the field. When the Date of Birth is selected, the Age field will automatically populate. If you have selected Available, the SSN Value field appears. Type the Father /Parent's Social Security Number into this field. Click on Save. If all fields contain valid information, a green dot appears. You may continue to Father/Parent Birth Place.

First Middle Last Suffix   Jaden Eric Smith Select one   Copy Legal Name   Name (Prior to First Marriage) First Middle Last Suffix Jaden Last Suffix Select one Father/Parent Date of Birth Known    Father/Parent Date of Birth Known    Father/Parent Sole of Birth Known? Known    Known    *    Aug-01-1986   Select one Sinth	Current Legal Name					
Jaden Eric Smith Select one   Copy Legal Name     Name (Prior to First Marriage)     First Middle Las Suffix     Jaden Eric Smith Select one     Father/Parent's Date of Birth Known? Father/Parent Date of Birth Age     Father/Parent's Date of Birth Known? * ✓ Aug-01-1986     Sex     Male * ✓     SSN SSN Value	First	Middle		Last		Suffix
Mame       Last       Suffix         Jaden       Eric       Smith       Select one         Father/Parent's Date of Birth Known?       Father/Parent Date of Birth       Age         Known       *        Aug-01-1986       31         Sex       *        *          Male       *        *          SSN       SSN Value       SSN Value	Jaden	Eric		Smith		Select one
Name (Prior to First Marriage)       First     Midle     Last     Suffix       Jaden     Eric     Smith     Select one       Father/Parent's Date of Birth Known?     Age     Compared to the select one       Known     * <     Aug-01-1986     31       Sex     * <     * <       Male     *      *        SSN     SSN Value	Copy Legal Name					
First     Middle     Last     Suffix       Jaden     Eric     Smith     Select one       Father/Parent's Date of Birth Known?     Father/Parent Date of Birth     Age       Known     × <	Name (Prior to First Marriage)					
Jaden Eric Smith Select one   Father/Parent's Date of Birth Age Age   Known * < Aug-01-1986 31   Sex   Male * <   SSN SSN Value	First	Middle		Last		Suffix
Father/Parent's Date of Birth Known?     Father/Parent Date of Birth     Age       Known     × ~     Aug-01-1986     31       Sex     × ~     SN Value     × ~	Jaden	Eric		Smith		Select one
Known     x     Aug-01-1986     31       Sex     X     X       Male     X     X       SSN     SSN Value	Father/Parent's Date of Birth Known?		Father/Parent Date of Birth		Age	
Sex Male × v SSN SSN Value		ж ~	Aug-01-1986	<b>1</b>	31	
Male × v SSN SSN Value	Known					
SSN SSN Value	Sex					
	Known Sex Male		× ~			

## 9. Father/Parent Birth

#### **Click Father/Parent Address.**

The Father/Parent Birth Place web form opens. Select a Country from dropdown list (United States will always be listed first). Type in the patient's Birth City and Birth State. Click Save. If all fields contain valid information, a green dot appears. You may continue to the Father /Parent Attributes.

Paternity	Father/Parent Birth Place			
Father/Parent Information	Birthplace Country			
Father/Parent Birth Place				
Father/Parent Attributes	United States	× ~		
Admission and Discharge	Birthplace City/Town		Birthplace State/U.S. Territory	
Acknowledgement Of Paternity	Brooklyn		New York	X v
AOP - Child				
AOP - Father/Parent	No validation error found on this page			Show All
<ul> <li>AOP - Mother/Parent</li> </ul>				
AOP - Father/Parent     AOP - Mother/Parent	No validation error found on this page			Show All

## 10. Father/Parent Attributes

#### **Click Father/Parent Attributes.**

The Father/Parent Attributes web forms opens. Click in the field marked Father /Parent Education to open the dropdown list. Select the Father/Parent's Education from the list. Complete the appropriate fields. Click the field marked Father /Parent's Ancestry and Select the category from the list. Click the field marked Origin and Select from the list. Select the Father /Parent's Race from the menu. Click on Save. If all fields contain valid information, a green dot appears. You may continue to the AOP –Print if wish to complete an AOP form.

Paternity	Father/Parent Attributes		
Father/Parent Information	Father/Parent's Education		
Father/Parent Birth Place	Bachelor's degree	× ×	
Father/Parent Attributes			
Admission and Discharge	Current/Most Recent Occupation		Kind of Business of Industry
knowledgement Of Paternity	Teacher		NYCDOE
AOP - Child	Ancestry		
AOP - Father/Parent	Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.)		* ~
AOP - Mother/Parent	Origin		
AOP - Print	African American		× v
cility Information	Race		
Place of Birth			Uietnamese
Prenatal	Black or African American		Other Asian
Pregnancy Factors	American Indian or Alaskan Native, specify tribe		Native Hawaiian
Labor	🗆 Asian Indian		Guamanian or Chamorro
Delivery	Chinese		Samoan
Newborn	Filipino		Other Pacific Islander
Newborn Factors	Japanese		Other
Attendant/Certifier	Contraction Korean		Unknown
ther Registries	No validation error found on this page		Show All
Hearing Screening	No validation enor round on uns page		Snow All
Metabolic Screening			

# 11. Admission and Discharge

#### **Click Admission and Discharge.**

The Admission and Discharge web form opens. Click inside the field marked Copy of Prenatal Record in Chart to open the dropdown list. Complete the appropriate fields. Click inside the Infant Discharge Status field. Select the Discharge Status from the dropdown list. Complete the appropriate fields. Click on Save. If all fields contain valid information, a green dot appears. You may continue to next web form.

<ul> <li>Paternity</li> </ul>	Admission and Discharge			
<ul> <li>Father/Parent Information</li> </ul>				
<ul> <li>Father/Parent Birth Place</li> </ul>	Admission			
<ul> <li>Father/Parent Attributes</li> </ul>	Copy of Prenatal Record in Chart?		Was Formal Risk Assessment in Prenatal Chart?	
Admission and Discharge	Yes, Full Record	x ~	Yes, with Social Assessment	×
Acknowledgement Of Paternity	Was MSAFP / Triple Screen Test Offered?		Was MSAFP/Triple Screen Done?	
AOP - Child	Yes	* ~	Yes	×
<ul> <li>AOP - Father/Parent</li> </ul>				
AOP - Mother/Parent	How Many Times Was the Mother Hospitalized During this Pregnancy, N	Not Including Hospitalization for Delivery?		
AOP - Print	0			
Facility Information				
Place of Birth	Discharge			
Prenatal	Infant Discharge Status		Mother/Parent Admission Date of Delivery	
Pregnancy Factors	Discharged Home	* ~	Aug-14-2017	
Labor	Mother/Parent Discharge Date		Infant Discharge Date	
Delivery	Aug-17-2017	M	Aug-17-2017	
Newborn				
Newborn Eastors				

# 12. Acknowledgment of Paternity

#### **Click on AOP-Print.**

The Acknowledgment of Paternity Web form opens. Click the Print AOP Form button. The Acknowledgment of Paternity Form opens. You may continue to the Place of Birth.

ateA	OPDocument			1/2				± 0
Pursu	York State Depa ant to Section 413	rtment of Health 15-b of Public Healt	h Law	Hospital Co Register No	sde (PFI Nu amber	mber)_		
	CI First Jarlan	ACK heck where signed:	(Please type or prin	LENT OF PA t clearly in blue or bl hild Support Offi Middle	TERNI ek ink.) ce D Bir	TY th Regi	itrar 🗖 O	ther
	Last Smith			Sex 🕅	Male 1	emale	Date of	birth (MARKATYYY)
CHIER	Facility of birth Testing Hospital (	Manhattan)	City of birth New York	-		Coun New 1	ty of birth fork	00 72017
	If the child Last name on original birth co	l's birth certificate wa ertificate	s already filed and you	wish to change th New last nam	e child's ke	it name.	complete th	: following section:
with weith Plane	the Registrar where the tw and onal socice of or mity, and we anderstan First name Street address ()	vorth complicate is filled w or legal rights (tochading & d what the notice states. A house/apt. number)	If the Acknowledgeneer of temperature weeks and copy of the service action Middle name Eric	laternity have such for responsibilities, alter as been provided to a	ter and effect of natives and the t. We contify the Last name	eith respect connegau lar die agl Smitt c	t to inheritanc neces of signin renation we pe	ergytes, We have received the Acknowledgeweit of endle below is true.
	City			State				Zip
HER	Place of birth	City Brooklyn	D5 /1000	State New Yo	rk Social S	1	Country Ur	ited States
FAT	ban er en an pa	I hereby a	cknowledge that I am	the biological fath	er of the ch	ild nam	ed above.	000-00-0000
	Signature		2011		Date (MV	רורתסס	0 /	1
	WITNESS SECTION	Witness Segnature		Print Name	Print Name			Date (MMERONYYY)
	(Witness cannot be seluted to mother or father.)	Witness Signature		Print Name				Date (MMER/YYYY) 7 /
_	First Jada		Middle willo	w	Last	c Pinke	t	
T	Maiden name (I	ast name only) pini	kett					
	Proved and the second	iouse/apt. number)	328 E 34th St Apt C	1 State NY	2			Zip 10016-4930
	Street address () City_New York					1	Country U	ited States
ER	Street address () City New York Place of birth	City Brooklyn		State New Yo	rk			
MOTHER	Street address () City New York Place of birth Date of birth (M	City Brooklyn	24 / 1985	State New Yo	rk Social Se	ecurity i	umber	111-11-1111
MOTHER	Street address () City New York Place of birth Date of birth (M <i>Theoly concerts th</i> to me. <i>Trave the</i>	City Brooklyn MEDYNYY) 05/ w Achereledgeren of Pater I van eer martaal at an de	24 / 1985 ny Jer ny chili samal abri e dering the programsy or vi	State New Yo	rk Social Si the num numero R, / assee that i	ecurity 1 (above in 1 (bove subs	umber he osly pountie openity starrie	111-11-1111 Joher of my child who was be the child's buological Jacker.

Note: The preferred method is to scan the AOP. If faxing please fax both sides of the AOP to **347.396.8900**.

## 13. Place of Birth

#### Click Place of Birth.

The **Place of Birth** Web form opens. Click inside the field marked **Type of Place**. **Select** the **Type of Place** where the delivery occurred. Complete the appropriate fields. Click **Save**. You may continue to the **Prenatal** section.

Place of Birth	
Type of Place*	
Hospital × v	
Name of Hospital or Other Facility	•
Testing Hospital (Manhattan)	
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
310 E 14th St	
Borough	City or Town
Manhattan ×	New York
County	State
New York	NY
Country	Zip Code
United States V	10003-4201

# 14. Prenatal

#### **Click Prenatal.**

The **Prenatal** web form opens, as shown in The **Mother/Parent's Medical Record Number** field automatically populates. Complete the appropriate fields. Click **Save.** You may continue to the **Pregnancy Factors** section.

Prenatal				
Mother/Parent's Medical Record Number		Mother/Parent's Medicaid Number		
111000				
Primary Payer				
Private Insurance	* ~			
Is Mother/Parent Enrolled in an HMO or Other Managed Care Plan?				
Yes	× ~	Date Last Normal Menses Be	gan -	
		Month	Day	Year
		Feb × V	0 * ~	2017
Prenatal Care				
Did the Mother Receive Prenatal Care?				
Yes	* ~			
First Date of Prenatal Care Known?	Date of First Prenatal Care Visit		Date of Last Prenatal Care Visit	
Known * ~	Feb-28-2017	Ë	Aug-30-2017	Ë
Total Number of Prenatal Visits for this Pregnancy		Primary Prenatal Care Provider Type		
8		MD/DO		<b>x</b> ~
Previous Births				
Total Number of Previous Live Births				
None	× v			
Previous Other Pregnancy Outcomes				
Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Termi	nations)			
None	* ~			

## 15. Pregnancy Factors

#### **Click Pregnancy Factors.**

The **Pregnancy Factors** web form opens. In the section titled **Risk Factors for this Pregnancy**, check all the factors that apply to the pregnancy. Complete the appropriate fields. Click on **Save**. You may continue to **Labor** section.

Pregnancy Factors		
Risk Factors for this Pregnancy (Check all that apply)		
Pre-pregnancy diabetes	Asthma/Acute or Chronic Lung Disease	Prelabor referral for high risk care
Gestational Diabetes	Rh Sensitization	Other Vaginal Bleeding
Pre-pregnancy hypertension (This is the same as chronic)	Polyhydramnios	Previous cesarean section
<ul> <li>Gestational hypertension (This includes PIH and preeclampsia)</li> </ul>	Oligohydramnios	Infertility treatment: - Fertility drugs, artificial/intrauterine insemination
Cardiac Disease - Structural Defect	Hemoglobinopathy	Infertility treatment: - Assisted reproductive technology (e.g., IVF, GIFT)
Cardiac Disease - Functional Defect	<ul> <li>Abruptio placenta</li> </ul>	Fetal Reduction
Other Serious Chronic Illness	Eclampsia	None of The Above
Anemia (Hct.<30/Hgb.<10)	Other Previous Poor Pregnancy Outcome	Unknown
Infections Present and / or Treated During this Pregnancy (Check all that a	pply)	
🔲 Gonorrhea	Tuberculosis	Syphillis
Herpes Simplex (HSV)	Rubella	Unknown
Chlamydia	Bacterial Vaginosis	None of the above
Hepatitis B		
Hepatitis C		
Obstetric Procedures (Check all that apply)		
Cervical cerclage	External Cephalic Version: Failed	Unknown
Tocolysis	Fetal genetic testing	None of the above
External Cephalic Version: Successful		

# 16. Labor Click Labor.

The Labor web form opens. In the sections titled **Onset of Labor** and **Characteristics of Labor and Delivery**, check all the descriptions that apply. Click on **Save**. You may continue to **Delivery**.

<ul> <li>Mother/Parent Health</li> </ul>			
Paternity	Labor		
<ul> <li>Father/Parent Information</li> </ul>	Onset of Labor (Check all that apply)		
<ul> <li>Father/Parent Birth Place</li> </ul>	<ul> <li>Prolonged rupture of membranes (12 hours of more)</li> </ul>	<ul> <li>Precipitous labor (less than 3 hours)</li> </ul>	None of the above
<ul> <li>Father/Parent Attributes</li> </ul>	<ul> <li>Premature rupture of membranes (prior to labor)</li> </ul>	<ul> <li>Prolonged labor (20 hours or more)</li> </ul>	Unknown
<ul> <li>Admission and Discharge</li> </ul>	Characteristics of Labor and Delivery (Check all that apply)		
Acknowledgement Of Paternity	Induction of Labor - AROM	Steroids	Fetal intolerance
	Induction of Labor - Medicinal	Antibiotics	<ul> <li>External electronic fetal monitor</li> </ul>
<ul> <li>AOP - Child</li> </ul>	<ul> <li>Augmentation of Labor</li> </ul>	Chorioamnionitis	Internal electronic fetal monitor
<ul> <li>AOP - Father/Parent</li> </ul>	Placenta Previa	Febrile (>100.4F or 38C)	None of the above
<ul> <li>AOP - Mother/Parent</li> </ul>	Other excessive bleeding	Meconium staining	Unknown
AOP - Print			
Facility Information	No validation error found on this page		Show All
Disco of Distric			

## 17. Delivery

**Click Delivery.** 

The **Delivery** web form opens. Complete all appropriate fields. Click on **Save**. You may continue to **Newborn**.

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Delivery		
Was Delivery with Forceps Attempted but Unsuccessful?		
Forceps were not used	* ~	
Was Delivery with Vacuum Extraction Attempted but Unsuccessful?		
Vacuum Extraction was not used	* ~	
Fetal Presentation at Birth		
Cephalic	× ~	
Final Route and Method of Delivery		
Vaginal/Spontaneous	* ~	
Other Procedures Performed at Delivery		
Episiotomy & repair		Unknown
Sterilization		
Repair of lacerations		
Anesthesia		
📄 Epidural	Spinal	Local
General Inhalation	Paracervical	None of the above
General Intravenous	Pudendal	Unknown
Maternal Morbidity (Check all that apply)		
Maternal transfusion	Admission to intensive care unit	<ul> <li>Postpartum Transfer to a higher level of ca</li> </ul>
Third or fourth degree perineal laceration	<ul> <li>Unplanned operating room procedure following delivery</li> </ul>	<ul> <li>None of the above</li> </ul>
Ruptured uterus	Hemorrhage	Unknown
<ul> <li>Unplanned hysterectomy</li> </ul>		

#### 18. Newborn

#### **Click Newborn**

The **Newborn** web form opens. The **Child's Medical Record** field will be automatically populated. In the **Infant Birth Weight** portion of the web form, type the **Infant Birth Weight** in **Pounds** and **Ounces** or **Grams** into the corresponding fields. Complete all appropriate fields. Click on **Save**. You may continue to **Newborn Factors**.

<ul> <li>Mother/Parent Health</li> </ul>		
Paternity	Newborn	
<ul> <li>Father/Parent Information</li> </ul>	Child's Medical Record Number	
<ul> <li>Father/Parent Birth Place</li> </ul>	000111	
<ul> <li>Father/Parent Attributes</li> </ul>		
<ul> <li>Admission and Discharge</li> </ul>	Infant Birth Weight	
Acknowledgement Of Paternity	Pounds	Ounces
<ul> <li>AOP - Child</li> </ul>	8	14
<ul> <li>AOP - Father/Parent</li> </ul>	OR Grams	
<ul> <li>AOP - Mother/Parent</li> </ul>	4006	
AOP - Print	4020	
Facility Information	Gestation and Anger	
Place of Birth		
Prenatal	Clinical Estimate of Gestation (Completed Weeks)	Apgar Score Une Min
<ul> <li>Pregnancy Factors</li> </ul>	40	9 * ~
Labor	Apgar Score 5 Min	
Delivery	9 * ~	
Newborn Factors	How is Infant Being Fed	
<ul> <li>Attendant/Certifier</li> </ul>	Breast Milk × v	
Other Registries		
<ul> <li>Hearing Screening</li> </ul>	Hepatitis B Inoculation	
<ul> <li>Metabolic Screening</li> </ul>	Immunization Administered?	
Other Links	No × v	
Preview Case	Immunoglobulin Administered?	
Documentary Evidence	No × v	
Case Status History		

## **19. Newborn Factors**

#### **Click Newborn Factors**

The **Newborn Factors** web form opens. Under **Abnormal Conditions of the Newborn**, check all boxes that apply. If the conditions are unknown, check **Unknown**. If there is no condition, check **None of the Above**. Click on **Save**. You may continue to **Attendant/Certifier**.

Mother/Parent Health     Paternity	Newborn Factors		
Father/Parent Information     Father/Parent Birth Place	Abnormal Conditions of the Newborn (Check all that apply)	Newborn given surfactant replacement therapy	Significant birth injury (skelatal fracture(s), peripheral nerve injury, and /
Father/Parent Attributes     Admission and Discharge	Assisted Ventuation required infinitedately following delivery Assisted ventilation required for more than 6 hours NICU Admission	Antibiotics received by the newborn for suspected neonatal sepsis     Seizure or serious neurologic dysfunction	or soft tissue/solid organ hemorrhage which requires intervention)     None of the above
Acknowledgement Of Paternity			Add Consenital Anomaly
AOP - Child     AOP - Father/Parent			

# 20. Attendant Certifier

#### **Click Attendant Certifier**

 The Attendant Certifier web form opens. Type the First Name, Middle Name and Last Name of the Attendant. You may use the Lookup Attendants button. Select the Title from the dropdown list. Type the Attendant NPI in the corresponding field. Complete the appropriate fields.

Mother/Parent Health		
Paternity	Attendant/Certifier	
Father/Parent Information		
Father/Parent Birth Place	Attendant at Birth	
<ul> <li>Father/Parent Attributes</li> </ul>	O Look In Attendants	
Admission and Discharge		
Acknowledgement Of Paternity	First	Middle
Acknowledgement of Paterinty	Shashidhar	
AOP - Child	laet	Suffix
AOP - Father/Parent		
AOP - Mother/Parent	Shivanna	Select one V
AOP - Print	Title	
Facility Information	MD	×
Place of Birth	Attendant NPI	
Prenatal	5788541	
Pregnancy Factors		

 Use the Lookup Certifier button to find the First, Middle and Last Name of the birth Certifier. Click the calendar icon in the field marked Date Signed. Use the Calendar control to select the Date or type the Date into the field. Click on Save. You may continue to the next web form.

Certifier	
Q Look Up Certifier	
First	Middle
Guy	
Last	Suffix
Talley	Select one 🗸
Title	
MD ~	
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
310 E 14th St	
City or Town	State
New York	NY
Zip Code	Country
10003-4201	United States ~
Date Signed	
ä	

*Note:* Only authorized Certifiers will have access to this web form. To complete this section, you will need access to the **Certify App** to scan the **Certification Bar Code**.

# 21. Certify

## **Click Certify**

The **Certify** web form opens. To certify the birth, place a check in the box marked **Affirm**. Use the **Certify App** to scan the **Barcode** within 60 seconds. If you are unable to scan the barcode within the allotted time, you will receive a notice informing you to rescan the image. Click on the **Barcode**. The scan time will reset, allowing another 60 seconds to scan the image. After scanning is complete you many continue to the next web form.



1. From the mobile device, tap the **Quick Response Code** button to start the photography.



2. Point the camera to the Quick Response (QR) code on the computer monitor. Hold the smartphone steady until it scans the QR code off the PC to synchronize the user's identity.



3. Align your face inside the **yellow frame**.



 When the image has been registered, you will receive two messages on their mobile device. First message "Certifying User...Please Wait" followed by the second message "Certification Successful Certification Completed".

## 22. Hearing Screening

#### Click Hearing Screening

The **Hearing Screening** web form opens. Click on the **Add Hearing Screening** button. Click inside the **Hearing Screening** field to open the dropdown list. **Select** the appropriate answer from the list. Click **Save**. You may continue to the next web form.

Hearing Screening			
Hearing Screening			•
Screening Performed (1 or both ears)			× ~
Date Hearing Screening Conducted		Equipment Type	
Sep-22-2017	<u> </u>	ABR	× ~
Left Ear		Right Ear	
Pass	× ~	Pass	* ~
Entered By		Entered Date	
Guy Talley		Sep-22-2017	<u></u>
Entering Facility			
Testing Hospital			
			Add Hearing Screening

# 23. Metabolic Screening

#### **Click Metabolic Screening.**

Click on the **Add Metabolic Screening** button. Type the **Lab Screening ID** in the corresponding field. **Select** the appropriate answer from the list. Click **Save**. You may continue to the next web form.

Metabolic Screening					
Lab Screening ID			•		
1234456					
Lab Screening Status	Lab Screening Status				
NBS LAB ID Number Submitted	NBS LAB ID Number Submitted × v				
Pediatrician / Primary Care Provider	Pediatrician / Primary Care Provider				
First	Middle	Last	Suffix		
Guy		Talley	Select one		
Phone Number		Email			
(212) 555-1212		gt@gmail.com			
			Add Metabolic Screening		