Welcome to eVital Webinar

Induced Termination of Pregnancy (ITOP)

System Training for Medical Facilities

City of New York Bureau of Vital Statistics (BVS)

Instructor: Arlene Cobeo

How to Get the Most out of this Webinar

We advise you to do the following:

➢ Silence your cell phone and mute your desk phone to avoid background noise.

➢ Close applications, such as Outlook to avoid popups.

➢ To ensure you can hear the webinar, please check the volume on your phone.

➢ Write down your questions.

Webinar Ground Rules

- Participants will be "muted" during the training session.

- Participants will be able to ask questions at the end of the session.

What is eVital?

- The eVital system allows users to electronically submit birth and death registrations with the City of New York Bureau of Vital Statistics (BVS).

- eVital is a new and improved web based application that will replace EVERS.

New Features

- User friendly look and feel

- Easy menu navigations

- Customize eVital Dashboard (Homepage)

- Enhanced and Dynamic Smart Forms

- Abandon requests via system.

- One hour "Hold" status before final registration.

Benefits of eVital

- Single Sign-on
  - ➢Email address is used as login ID
  - ➢New email address login will replace your NYCMED and EVERS login
  - ➢Self-Service Security will allow you to reset your password

- New and Improved Quality mobile certification process
  - ➢Replace fingerprint certification

- USPS Address Verification
  - ➢ System sends missing information warnings and validates address.
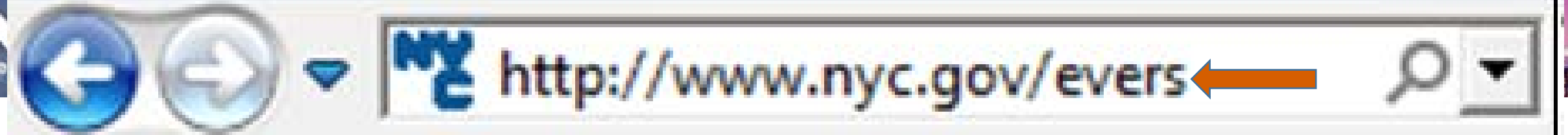
eVital

- The eVital system is currently being utilized for System Administrators to enroll users.

- The eVital system can be used for training purposes (practice).

- July 31, 2017 is the eVital go-live date.

System Demonstration

- Log in to eVital
  - ➤ Single sign-on (one user ID and password)

- Navigate the eVital Dashboard
  - ➤ Homepage icons

- Create a new ITOP case
  - ➤ Certify a case
  - ➤ Print Disposition Permit (if the medical facility is responsible for the Disposition)

Webex Live Demo

eVital

eVital is our next generation life events reporting system. Please reference the following materials that describe our new system highlights. These details were presented to current users on November 17, 2016.

- **Introduction to eVital (Birth)** (PDF)
- **Introduction to eVital for Funeral Homes** (PDF)
- **Introduction to eVital for Medical Facilities** (PDF)

Are you an eVital administrator? To enroll your users, please click **here**.

Additional Resources

- **Login to EVERS via NYC MED**
- **Electronic Birth Registration System**
- **Electronic Death Registration System**
- **Electronic Death Registration System for Funeral Directors**
- **Electronic Death Registration System for Medical Facilities**
- **Electronic Spontaneous Terminations of Pregnancy System**
- **Training and Resources for Providers**

NYC eVital

eVital : NYC Health

Select Facility

Testing Hospital (Manhattan) ⌄

Go to Unit

Bureau of Vital Statistics | eVital

Welcome
Arlene Cobeo   Logout

Testing Hospital (Manhattan)

NYC
Health

User Enrollment and Training purposes only.

Preferred Queues

⊕ All Queues

Welcome to eVital!

Your profile has been successfully created in the new eVital application.

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This profile has been created for **Testing Hospital (Manhattan)**" facility.

You are assigned the following roles:
- **Facility Data Entry, Birth**
- **Facility Data Entry, Birth Certifier**
- **External-Death MF User**
- **External-Death MF Certifier**
- **Fetal Death Data Entry**
- **ITOP Certifier**
- **ITOP Data Entry**
- **Fetal Death Certifier**

Click Here to associate any additional EVERS profile to this NYC.ID.

Click Here to request access to a new facility.

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Logout

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Testing Hospital (Manhattan)

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Welcome ❓ ⚙ 🏠

Arlene Cobeo Logout

Testing Hospital (Manhattan) ⌃

Office of Vital Records
Burial Desk
Kiosk
Corrections
Credit Card
Reading
Vital Statistics Bureau
Records Management
Testing Funeral Home, Inc

☰

Preferred Queues

➕ All Queues

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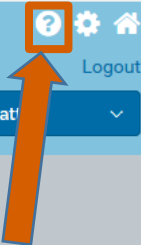This profile has been created for "**Testing Hospital (Manhattan)**" facility.

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Testing Hospital (Manhatta ⌄

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Welcome

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Testing Hospital (Manhat

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NYC Health

Welcome

Arlene Cobeo Logout

Testing Hospital (Manhatta ▾

Preferred Queues

⊕ **All Queues**

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Click Here to request access to a new facility.

My Profile

Bureau of Vital Statistics | eVital

NYC Health

Welcome
Arlene Cobeo

Logout

Testing Hospital (Manhattan)

Personal Information

NYCIDGUID

NYCIDAD6E1URQ

EVERS Login Name

Prefix

Select one

First Name*

Arlene

Middle Name

Last Name*

Cobeo

Suffix

Select one

Login Email Address*

acobeo@health.nyc.gov

Work Number

FR Enrollment Status

Approved

Facilities and Roles Information

Facility	Functional Entity	Roles
Testing Hospital (Manhattan)	Testing Hospital (Manhattan)	External-Death MF Certifier External-Death MF User Facility Data Entry, Birth Facility Data Entry, Birth Certifier Fetal Death Certifier Fetal Death Data Entry ITOP Certifier ITOP Data Entry

NYC
Health

User Enrollment and Training purposes only.

Welcome
Arlene Cobeo

gout

Testing Hospital (Manhat▾

Home Buttons

Preferred Queues

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Preferred Queues

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Welcome
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Testing Hospital (Manhattan)

Queue List

ITOP   +

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Queue List

ITOP			—
Certification Required ITOP	1	1 day 1 hour old	
Disposition Pending ITOP	1	15 days 23 hours old	
Exact Duplicate ITOP	0		
Hold ITOP	0		
Medical Pending ITOP	2	15 days 23 hours old	
Potential Duplicate ITOP	0		
Print Disposition Permit- ITOP	4	18 days 4 hours old	
Registration Rejection ITOP	0		
Void/Abandon Rejection ITOP	0		

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Preferred Queues

⊕ All Queues

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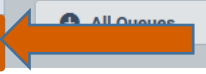Click Here to associate any additional EVERS profile to this NYC.ID.

Click Here to request access to a new facility.

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Logout

Testing Hospital (Manhattan)

User Enrollment and Training purposes only.

Life Events

< Back

Birth >

Death >

STOP >

ITOP >

Preferred Queues

⊕ All Queues

Welcome to eVital!

Your profile has been successfully created in the new eVital application.

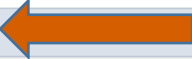**Start new ITOP Case**   —

Patient Information

Red Asterisks (*) are Required fields
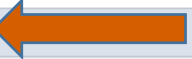
MRN

Patient First Name (First 2 Letters)*   Patient Last Name (First 2 Letters)*

Patient Date of Birth*   Date of Termination*

Clear   **Search**

Start new ITOP Case   —

Patient Information

MRN

[   ]

Patient First Name (First 2 Letters)*   **Patient Last Name (First 2 Letters)***

[da   ]   [la   ]

Patient Date of Birth*   **Date of Termination***

[Dec-08-1990   📅]   [Jun-28-2017   📅]

                                                          Clear   Search

Start new ITOP Case   +

Clear   **Search**   ⊕ Create New Case

Potential Duplicates

There are no cases that match the criteria you have entered.

ITOP Registration

Medical Information

Patient Information

Patient Attributes

Facility

Medical Information

Attendant / Certifier

Other Links

Messages

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case Status: New Event | Unsigned | Uncertified | Unregistered

Information Status:

Patient Information

Note: System times out after 20 minutes. Write down the case #, which will help you locate the case in the system.

Patient's Legal Name

First Name (First Two Letters)

da

la

Patient's Date of Birth

Dec-08-1990

Age

26

Date of Procedure for Termination

Jun-28-2017

MRN

Obstetric Estimate of Gestation

Does Patient Request Disposition?

Select one

Patient's Birth Place

Country

Select one

Birth City

Birth State

Patient's Usual Residence

Patient's Residence

○ New York City   ○ New York State (Outside NYC)   ○ Outside New York State (U.S.)

○ Outside of U.S. (Foreign Country)

☐ Check Duplicate

< | Save | >

Note: The Case Status section indicates the status of your case.

ITOP Registration

Medical Information

- 🟢 Patient Information
- 🔴 Patient Attributes
- 🔴 Facility
- 🔴 Medical Information
- 🔴 Attendant / Certifier

Disposition Information

- 🔴 Disposition

Other Links

- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Patient Name:** da la   **Event Date:** Jun-28-2017

Case Status: | Medical Pending | Disposition Pending | Unsigned | Uncertified | Unregistered |

Information Status:

Patient Attributes

Education*

Select one ▾

Ancestry*

Select one ▾

Race*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaskan Native, specify tribe
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean

- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ Other
- ☐ Unknown

Marital/Partnership Status*

Select one ▾

☐ Check Duplicate   ‹   **Save**   ›

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- 🔴 Facility
- 🔴 Medical Information
- 🔴 Attendant / Certifier

Disposition Information

- 🔴 Disposition

Other Links

- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Patient Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Pending   Disposition Pending   Unsigned   Uncertified   Unregistered

Information Status:

Facility

Facility Type

Select one	⌄

Facility Address

Borough*

Select one	⌄

Street Number and Name, Rural Route (No P.O. Box, etc)

Apartment, Suite, Building, Floor, etc

City or Town*

County

State

Zip Code

Country*

Select one	⌄

Unverified   📍 Verify Address

Primary Financial Coverage for This Termination*

Select one	⌄

☐ Check Duplicate   ‹   Save   ›

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- 🔴 Medical Information
- 🔴 Attendant / Certifier

Disposition Information

- 🔴 Disposition

Other Links

- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Patient Name:** da la   **Event Date:** Jun-28-2017   **Place of Termination:** Testing Hospital (Manhattan)

Case Status: Medical Pending   Disposition Pending   Unsigned   Uncertified   Unregistered

Information Status:

Medical Information

Date of Last Normal Menses Began

Day*	Month*	Year*
Select one	Select one	

Number Born Alive and Now Living*	Number Born Alive and Now Dead*	Total Number of Previous Live Births
Select one	Select one	

Number of Spontaneous Terminations	Number of Induced Terminations*	Total Number of Other Pregnancy Outcomes
Select one	Select one	

Primary Procedure Used to Terminate Pregnancy (Select only one)*

Select one

Additional Procedures Used to Terminate Pregnancy

- ☐ Suction Curettage
- ☐ Hysterotomy/Hysterectomy
- ☐ Methotrexate and Misoprostol
- ☐ Sharp Curettage (D&C)
- ☐ Misoprostol

- ☐ Other Medical (Nonsurgical)
- ☐ Dilation and Evacuation (D&E)
- ☐ Mifepristone and Misoprostol

- ☐ Intra-Uterine Instillation
- ☐ Other, Specify
- ☐ None

Contraceptives Provided at Time of Procedure

Did the patient receive any information/counseling about contraceptives?

Select one

Did the patient receive any contraception at time of the procedure?*

Select one

☐ Check Duplicate

< **Save** >

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- 🔴 **Medical Information**
- ● Attendant / Certifier

Disposition Information

- 🔴 Disposition

Other Links

- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

6/30/2017

Case Status: [Medical Pending] [Disposition Pending] [Unsigned] [Uncertified] [Unregistered]

Information Status:

Medical Information

Date of Last Normal Menses Began

Day*	**Month***	**Year***
Unknown	Unknown	2017

Number Born Alive and Now Living*	**Number Born Alive and Now Dead***	**Total Number of Previous Live Births**
None	None	0

Number of Spontaneous Terminations	**Number of Induced Terminations***	**Total Number of Other Pregnancy Outcomes**
None	None	0

Primary Procedure Used to Terminate Pregnancy (Select only one)*

Suction Curettage

Additional Procedures Used to Terminate Pregnancy

- ☐ Suction Curettage
- ☐ Hysterotomy/Hysterectomy
- ☐ Methotrexate and Misoprostol
- ☑ Sharp Curettage (D&C)
- ☐ Misoprostol

- ☐ Other Medical (Nonsurgical)
- ☐ Dilation and Evacuation (D&E)
- ☐ Mifepristone and Misoprostol

- ☐ Intra-Uterine Instillation
- ☐ Other, Specify
- ☐ None

Contraceptives Provided at Time of Procedure

Did the patient receive any information/counseling about contraceptives?

No

Did the patient receive any contraception at time of the procedure?*

Yes

Contraceptive Placed/Given at Time of Procedure (Check All that Apply)

- ☐ Hormonal IUD
- ☐ Non-hormonal IUD
- ☐ Implant
- ☐ Injection

- ☑ Oral Contraceptive Pills
- ☐ Patch
- ☐ Vaginal Ring

- ☐ Emergency Contraceptive Pill
- ☐ Condoms
- ☐ Other, Specify

Contraceptive Prescribed at Time of Procedure (Check All that Apply)

- ☐ Injection
- ☐ Oral Contraceptive Pills

- ☑ Patch
- ☐ Vaginal Ring

- ☐ Emergency Contraceptive Pill
- ☐ Other, Specify

☐ Check Duplicate

[Save]

ITOP Registration

Medical Information

- 🟢 Patient Information
- 🟢 Patient Attributes
- 🟢 Facility
- 🟢 Medical Information
- 🔴 Attendant / Certifier

Disposition Information

- 🔴 Disposition

Other Links

Messages

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case Status: Medical Pending   Disposition Pending   Unsigned   Uncertified   Unregistered

Information Status:

Attendant / Certifier

Attendant

🔍 **Look Up Attendants**

First

Arlene

Middle

Last

Cobeo

Suffix

Select one

Attendant Title

MD   ✕ ⌄

Certifier

🔍 **Look Up Certifier**

First*

Arlene

Middle

Last*

Cobeo

Suffix

Certifier Title

MD   ⌄

Certified Date

☐ Check Duplicate   〈   **Save**   〉

ITOP Registration

Medical Information
- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier

Disposition Information
- Disposition

Other Links
- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Patient Name:** da la   **Event Date:** Jun-28-2017   **Place of Termination:** Testing Hospital (Manhattan)

Case Status: Medical Valid | Disposition Pending | Unsigned | Uncertified | Unregistered

Information Status:

Disposition

Method of Disposition
City Burial (Potter's Field)

Date of Disposition Known*
Known

Date of Disposition

Place of Disposition
Place of Disposition
City Cemetery At Hart Island

🔍 Place of Disposition Look up

🖊 Clear

City or Town
Bronx

State
New York

Country
United States

Note: Upon selecting "City Burial", all Place of Disposition information will automatically populate with the exception of the "Date of Disposition" field.

ITOP Registration

Medical Information

- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier

Disposition Information

- Disposition

Other Links

Messages

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Funeral Director

License Number

First

Jason

Last

Graham

Suffix

Select one

Funeral Home

Business Registration Number

Funeral Home Name

Office of Chief Medical Examiner

Street Number and Name, Rural Route (No P.O. Box, etc)

520 First

Apartment, Suite, Building, Floor, etc

City or Town

New York

State

New York

Zip Code

Country

United States

Unverified | Verify Address

Note: Upon selecting "City Burial", the Funeral Director and Funeral Home information will automatically populate.

ITOP Registration

Medical Information

- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier

Disposition Information

- Disposition

Other Links

Messages
Case Status History
Registration Validations
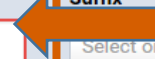Request to Abandon/Void
Comments

Patient's Legal Name

First

Middle

Last*

Suffix

Select on

Name of Conceptus

Note: Must populate the Last Name (*)

☐ Check Duplicate

< Save >

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier

Disposition Information

- ● Disposition

Other Links

- Messages
- Case Status History
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- Request to Abandon/Void
- Comments

Case Status: Medical Valid | Disposition Pending | Unsigned | Uncertified | Unregistered

Information Status:

Disposition

Method of Disposition

City Burial (Potter's Field)   ✕   ⌄

Date of Disposition Known*

Known   ✕   ⌄

Date of Disposition

Jun-29-2017   📅

Place of Disposition

Place of Disposition

City Cemetery At Hart Island

🔍 Place of Disposition Look up

🖊 Clear

City or Town

Bronx

State

New York

Country

United States   ⌄

ITOP Registration

Medical Information

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- Medical Information
- Attendant / Certifier

Disposition Information

- Disposition

Other Links

Messages
Case Status History
Registration Validations
Request to Abandon/Void
Comments

Funeral Director

License Number

First

Jason

Middle

Last

Graham

Suffix

Select one

Funeral Home

Business Registration Number

Funeral Home Name

Office of Chief Medical Examiner

Street Number and Name, Rural Route (No P.O. Box, etc)

520 First

Apartment, Suite, Building, Floor, etc

City or Town

New York

State

New York

Zip Code

Country

United States

Unverified   ● Verify Address

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier
- Certify

Disposition Information

- ● Disposition

Other Links

Messages

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid   Disposition Valid   Certification Required   Signature Required   Unregistered

Note: The Case Statuses have changed based on all the information we have entered thus far.

Certify Case

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.

☐ Affirm

[Affirm]

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier
- Certify

Disposition Information

- ● Disposition

Other Links

- Messages
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case Status: | Medical Valid | Disposition Valid | Certification Required | Signature Required | Unregistered |

Certify Case

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.
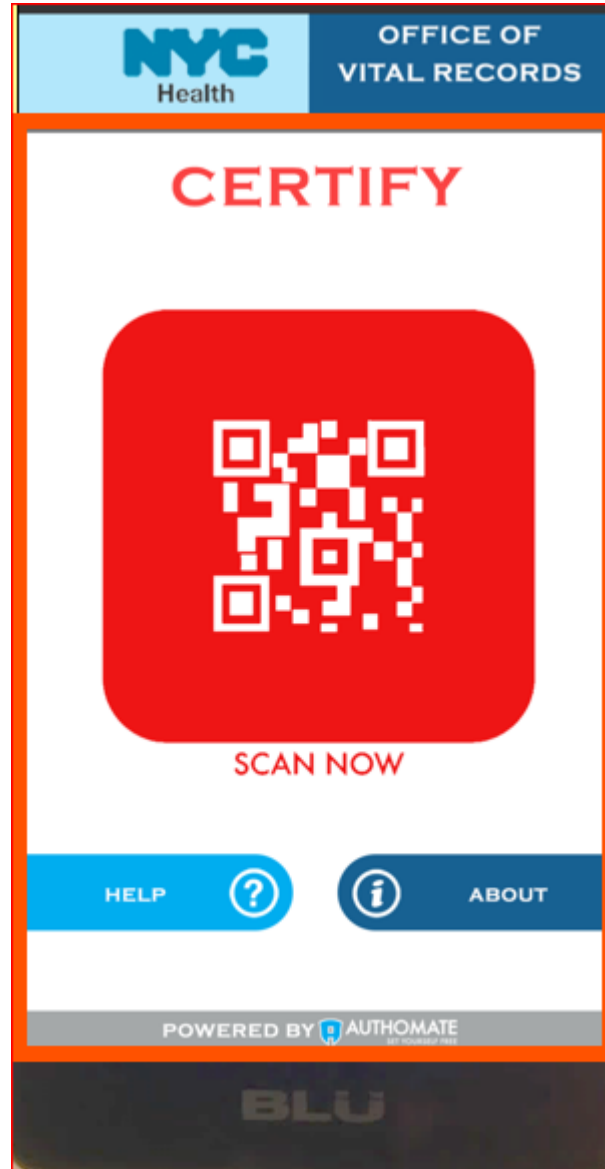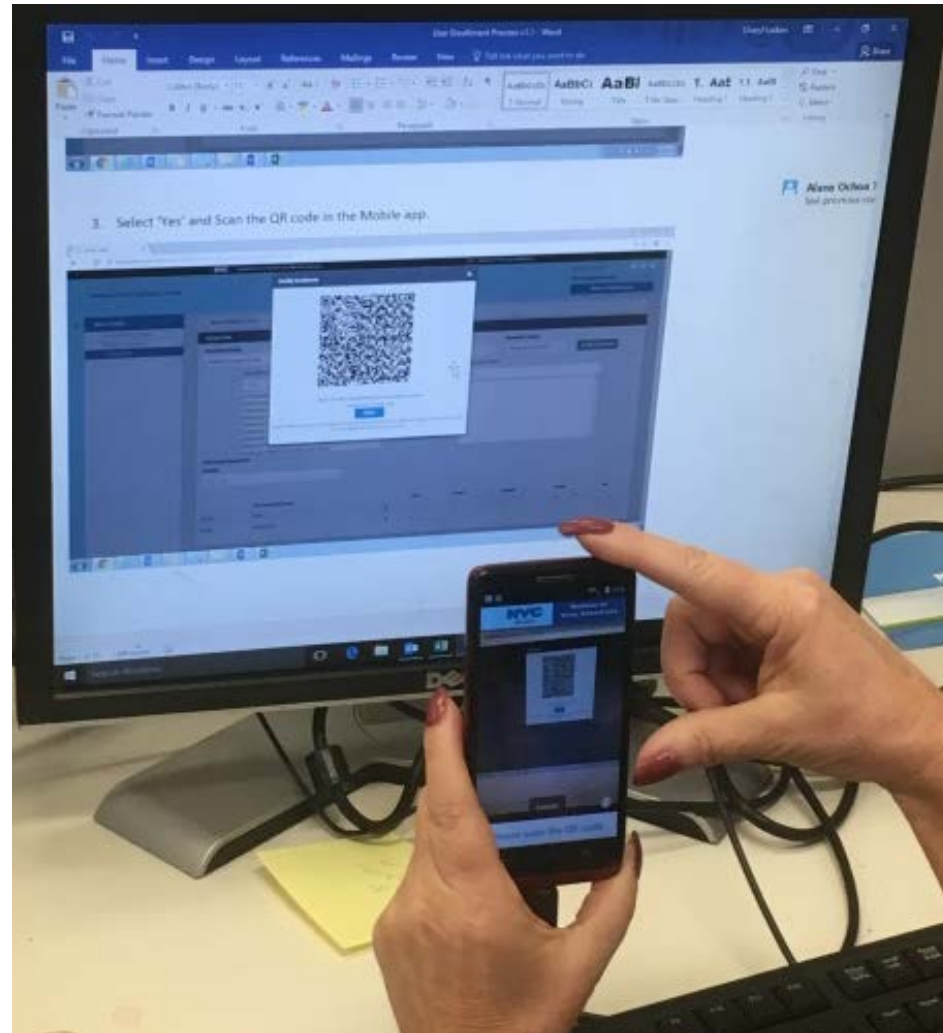
☑ Affirm

Scan using the Certify App within the next 59 seconds.

Affirm

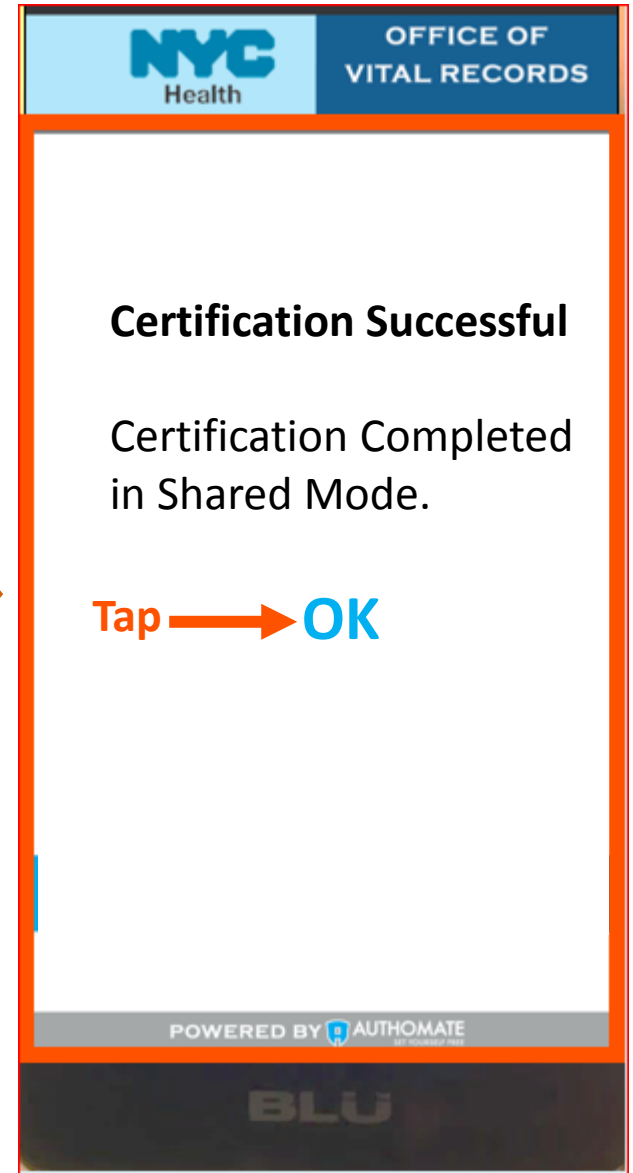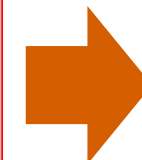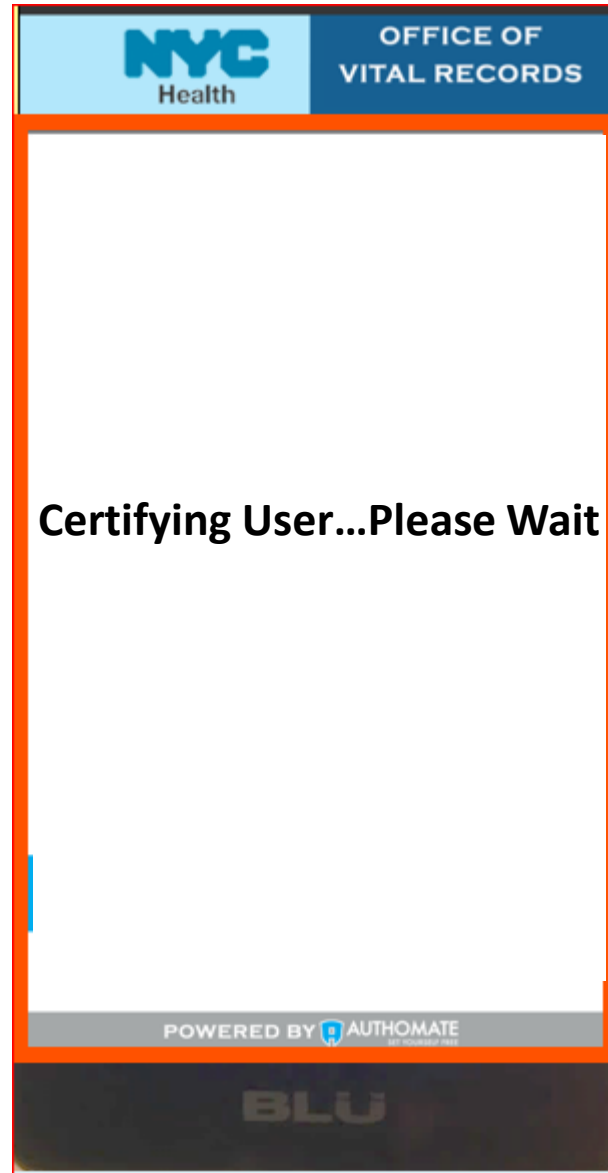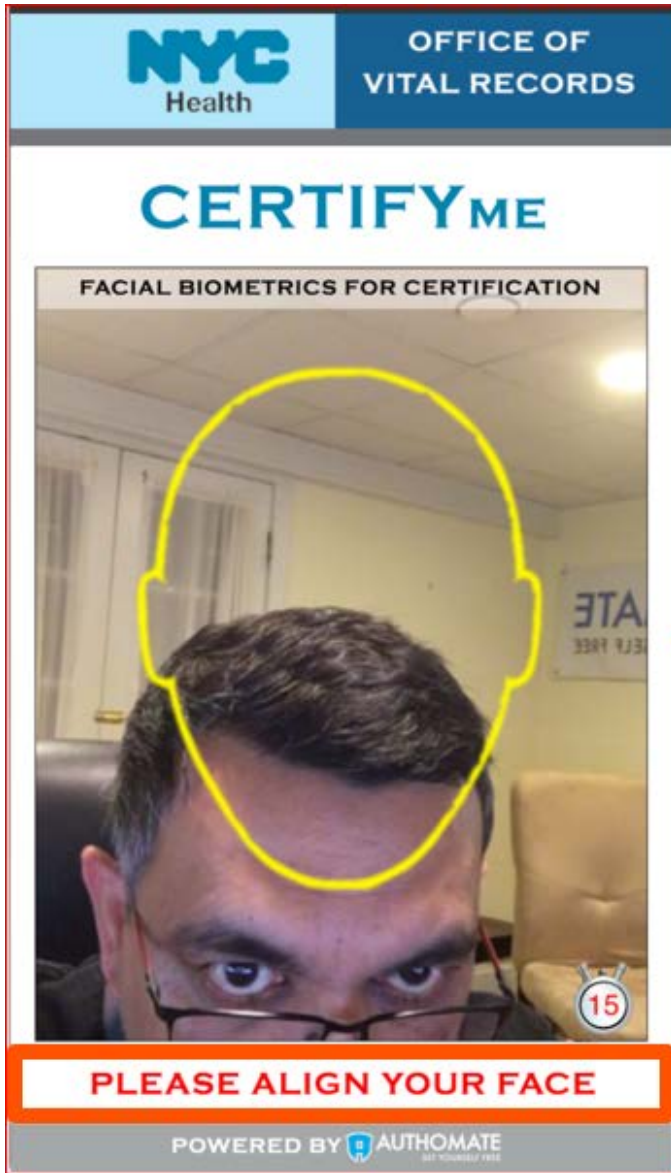**Note**: After you select the "Affirm" checkbox, the QR Scan Code Appears.

Tap Red Quick Response Code Button to Start Photography

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

ITOP Registration

Medical Information

- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier
- Certify

Disposition Information

- Disposition

Other Links

Messages

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid | Disposition Valid | Certified | Signed

Certify Case

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.

☑ Affirm

Note: Certification was successful   **Unaffirm**

Note: In the event that you wish to make changes to the case, click the "Unaffirm" button. Then make updates to the case and re-certify.

ITOP Registration

Medical Information

- ◯ Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier
- Certify

Disposition Information

- ● Disposition

Other Links

- Messages
- Print Forms
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid Disposition Valid Certified Signed Unregistered Hold

Messages

Sender	Subject	Body	Sent Date
administrator@evital.com	Disposition for Case ID 179 has not been claimed	Disposition for Case ID 179 has not been claimed. Claim ownership for disposition to register case.	Jun/29/2017
administrator@evital.com	Disposition for Case ID 179 has not been claimed	Disposition for Case ID 179 has not been claimed. Claim ownership for disposition to register case.	Jun/29/2017

New Message

Send Message ✕

Add Recipient —

Recipient Type

All
Public User
Role
Functional Entity
Registered User

Message*

Send

Click the New Message button. The "Send Message" window opens.

ITOP Registration

Medical Information

- ⚪ Patient Information
- 🟢 Patient Attributes
- 🟢 Facility
- 🟢 Medical Information
- 🟢 Attendant / Certifier
- Certify

Disposition Information

- 🟢 Disposition

Other Links

- Messages
- Print Forms
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: | Medical Valid | Disposition Valid | Certified | Signed | Unregistered | External Request to Abandon |

Print Forms Page

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier
- Certify

Disposition Information

- ● Disposition

Other Links

- Messages
- Print Forms
- **Case Status History**
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid | Disposition Valid | Certified | Signed | Unregistered | Hold

View Case History

Status Date	Status Name	Status set by	Associated Facility name	Comment	Reject Reason	Other Reason
Jun/29/2017 02:41 PM	Hold	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:41 PM	Certified	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:41 PM	Signed	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:35 PM	Certification Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:35 PM	Signature Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:34 PM	Certified	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:34 PM	Signed	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:34 PM	Hold	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:30 PM	Certification Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:30 PM	Signature Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:30 PM	Disposition Valid	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 02:15 PM	Medical Valid	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 01:46 PM	Medical Pending	Cobeo, Arlene	Testing Hospital (Manhattan)			
Jun/29/2017 01:46 PM	Disposition Pending	Cobeo, Arlene	Testing Hospital (Manhattan)			

ITOP Registration

Medical Information

- ● Patient Information
- ● Patient Attributes
- ● Facility
- ● Medical Information
- ● Attendant / Certifier
- Certify

Disposition Information

- ● Disposition

Other Links

- Messages
- Print Forms
- Case Status History
- Registration Validations
- Request to Abandon/Void
- Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: | Medical Valid | Disposition Valid | Certified | Signed | Unregistered | Hold |

Event Validations

No validation errors found

ITOP Registration

Medical Information

- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier
- Certify

Disposition Information

- Disposition

Other Links

Messages

Print Forms

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: | Medical Valid | Disposition Valid | Certified | Signed | Unregistered | Hold

Request to Abandon/Void

Request Type*

External Request to Abandon | ⌄

Reason*

[   ]

Save

ITOP Registration

Medical Information

- Patient Information
- Patient Attributes
- Facility
- Medical Information
- Attendant / Certifier
- Certify

Disposition Information

- Disposition

Other Links

Messages

Print Forms

Case Status History

Registration Validations

Request to Abandon/Void

Comments

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid   Disposition Valid   Certified   Signed   Unregistered   Hold

Comments

Enter Comment

CommentType*

Select one   ▼

Comment*

Maximum text length: 4000

Save Comment   Clear

Case ID: 179   **Name:** da la   **Event Date:** Jun-28-2017

Case Status: Medical Valid   Disposition Valid   Certified   Signed   Unregistered   Hold

Comments

Enter Comment

CommentType*

No Mailing Address
Event
Late Reason
Confidential medical

Maximum text length: 4000

Save Comment   Clear

Comment Type	Date Entered	Entered By	Comment	Edit	Delete

Questions?

Class is over. What do we do?

- For additional resources go to: www.nyc.gov/evers
- Helpdesk contact information:
  - Call (646) 632-6705
  - Email evers@health.nyc.gov

THANK YOU for attending!

The Expert in anything was once a Beginner