

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

MENTAL HYGIENE

>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



6/30/2017

eau of Vital Statistics eVital	Health User Enrollment and Training purposes only.	Welcome 3 🔅 🐣 Arlene Cobeo Logout Testing Hospital (Manhattan) 🗸
referred Queues		
Welcome to eVital! Your profile has been successfully created in the new eV When the eVital application is rolled out to production, vo This profile has been created for Testing Hospital (Man 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	/ital application. ou can access it using the same NYC.ID credentials you used to login today. hattan) " facility.	
 ITOP Data Entry Fetal Death Certifier Click Here to associate any additional EVERS profile to this N Click Here to request access to a new facility. 	IYC.ID.	

Bureau of Vital Statistics eVital	Health	Welcome Arlene Cobeo	? ☆ ☆Logout
	User Enrollment and Training purposes only.	Testing Hospital (Man	hattan) 🗸

Preferred Queues

All Queues

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- Fetal Death Data Entry
- ITOP Certifier
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- Fetal Death Certifier

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

	User Enrollment and Training purposes only.	Testing	g Hospital (Manhattan) 🛛 🗸 🗸
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- ITOP Data Entry
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Click Here to associate any additional EVERS profile to this NYC.ID.

Bur	eau of Vital Statistics eVital	Health			Welcome Arlene Cobeo	Cogout
	My Profile	User Enrollment and Training purposes only.			Testing Hospital (Manhatt	ali/ v
	Personal Information					
	NYCIDGUID	EVERS Login Name				
	NYCIDAD6E1URQ					
	Prefix					
	Select one V					
	First Name*	Middle Name	L	Last Name*		
	Arlene			Cobeo		
	Suffix					
	Select one V					
	Login Email Address*	Work Number	F	FR Enrollment Status		
	acobeo@health.nyc.gov			Approved		
	Facilities and Roles Information					
	Facility	Functional Entity	Roles			
	Testing Hospital (Manhattan)	Testing Hospital (Manhattan)	External- External- Facility D Facility D Fetal Dea Fetal Dea ITOP Cer ITOP Dat	Death MF Certifier Death MF User Data Entry, Birth Data Entry, Birth Certifier ath Certifier ath Data Entry rtifier ta Entry		

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All Queues

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Bureau of Vital Statistics eVital	Health	Welco Arlene Co	ome 3 🏶 🐔
	User Enrollment and Training purposes only.	Testing	Hospital (Manhattan) 🛛 🗸

Preferred Queues

All Queues

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Testing Hospital (Manhattan)

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Logout

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User Enrollment and Training purposes only.

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Queue List

ITOP

	Bureau of Vit	tal Statistics eVital	Health	Welcome 2 * * Arlene Cobeo Logout
			User Enrollment and Training purposes only.	Testing Hospital (Manhattan) 🛛 🗸
≡	Queue	e List		
ΙΤΟΙ	P			-
		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-TIOP	4	18 days 4 hours old
		Registration Rejection ITOP	0	
		Void/Abandon Rejection ITOP	0	









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	Bureau of Vital Statistics eVital	Health Ar	Velcome rlene Cobeo	⑦ ✿ ☆ Logout
		User Enrollment and Training purposes only.	Testing Hospital (Manhatta	an) ~
∎	🖹 Life Events	Proferred Queues		
	< Back	Preferred Queues		
	Birth >	All Queues		
	Death >			
	STOP >			
	ITOP >	weicome to eVital!		
		Your profile has been successfully created in the new eVital application.		





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



ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	
Medical Information	Case Status. New Event Unsigned Uncertified Unregistered	
Patient Information	Information Status:	
Patient Attributes	Note: System times out after 20 m	inutes Write
Facility		
Medical Information	down the case #, which will help yo	u locate the
Attendant / Certifier	case in the system.	
Other Links	First Name (First Two Letters)	
Messages	da	la
Case Status History		
Registration Validations	Patient's Date of Birth	Age
Request to Abandon/Void	Dec-08-1990	26
Comments	Date of Procedure for Termination	MRN
	Jun-28-2017	
	Obstetric Estimate of Gestation	Does Patient Request Disposition?
		Select one V
	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 >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	Note:	The Case Status section indicates the status of
Medical Information	Case Status: New Event Unsigned Uncertified Unregistered	vour ca	ase.
Patient Information	Information Status:	700.00	
Patient Attributes	Patient Information		
Facility			
Medical Information	Patient's Legal Name		
Attendant / Certifier	First Name (First Two Letters)		Last Name (First Two Letters)
Other Links	da		la
Messages	Patient's Date of Birth		Age
Case Status History	Dec-08-1990	1	26
Registration Validations	Date of Procedure for Termination		MRN
Request to Abandon/Void	Jun-28-2017	6	
Comments	Obstetric Estimate of Gestation		Does Patient Request Disposition?
	15		Yes × ~
	Will Medical Institute Be Responsible for Disposition Permit?		
	Yes	* ~	
	Patient's Birth Place		
	Country		
	United States	× ×	
	Birth City		Birth State
	New York		New York
	Patient's Usual Residence Patient's Residence New York City O New York State (Outside NYC) O Outside New York State (U.S.)		
	 Outside of U.S. (Foreign Country) 		
	Borough		
	Manhattan	× ~	
	Zip Code		
6/30/2017	10013 Viennal Fan		edimar 53
0,00,201,	Check Duplicate		Save >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	
Medical Information	Case Status: Medical Pending Disposition Pending Unsigned Uncertified Unregistered	
Patient Information	Information Status:	
Patient Attributes	Patient Attributes	
Facility	Education	
Medical Information		
Attendant / Certifier	Select one	
Disposition Information	Ancestry*	
Disposition	Select one	~
Other Links	Race*	
Messages	Uietnamese	
Case Status History	Black or African American Other Asian	
Registration Validations	American Indian or Alaskan Native, specify tribe	
Request to Abandon/Void	Asian Indian Guamanian or Chamorro	
Comments	Chinese Samoan	
	Filipino Other Pacific Islander	
	□ Japanese □ Other	
	L Korean	
	Marital/Partnership Status*	
	Select one	
	Check Duplicate	

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	
Medical Information	Case Status: Medical Pending Disposition Pending Unsigned Uncertified Unregistered	
Patient Information	information status.	
Patient Attributes	Patient Attributes	
Facility	Educationt	
Medical Information		
Attendant / Certifier	Bachelor's degree	× ×
Disposition Information	Ancestry*	
Disposition	Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)	* ~
Other Links	Ancestry Origin	
Messages	Cuban	ж. У
Case Status History		
Registration Validations	Race*	
Request to Abandon/Void	M White	
Comments	■ Black or African American	U Other Asian
	American Indian or Alaskan Native, specify tribe	
	□ Korean	Unknown
	Marital/Partnership Status*	
	Married × ~	
	Check Duplicate	Save >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	
Medical Information	Case Status: Medical Pending Disposition Pending Unsigned Uncertified Unregistered	
Patient Information	Information Status:	
 Patient Attributes 		
Facility	Facility	
Medical Information	Facility Type	
Attendant / Certifier	Select one	
Disposition Information		
Disposition	Facility Address	
Other Links	Borough*	
Messages	Select one	
Case Status History	Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
Registration Validations		
Request to Abandon/Void	City or Town* County	State
Comments		
	Zip Code	Country*
		Select one ~
		Unverified Verify Address
	Primary Financial Coverage for This Termination*	
	Select one	
	Check Duplicate	Save >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017			
Medical Information	Case Status: Medical Pending Disposition Pending Unsig	ned Uncertified Unregistered		
Patient Information	Information Status:			
Patient Attributes				
Facility	Facility			
 Medical Information 	Facility Type			
Attendant / Certifier	Hospital	* ~		
Disposition Information	Facility Name*			
Disposition	Testing Hospital (Manhattan)			
Other Links				
Messages	Facility Address			
Case Status History	Borough*			
Registration Validations	Manhattan	~		
Request to Abandon/Void	Street Number and Name, Rural Route (No P.O. Box, etc)		Apartment, Suite, Building, Floor, etc	
Comments	310 E 14th St			
	City or Town*	County	State	
	New York	New York	NY	
	Zip Code		Country*	
	10003-4201		United States	~
		Facility address	was automatically verified	Verified Verify Address
	Primary Financial Coverage for This Termination*			
	Solf pay			
	Sen pay	* V		
	Check Duplicate			Save >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	Place of Termination: Testing Hospital (Manhattan)	
Medical Information	Case Status: Medical Pending Disposition Pending Unsign	uncertified Unregistered	
Patient Information	Information Status:		
 Patient Attributes 	Madical Information		
Facility			
Medical Information			
Attendant / Certifier	Date of Last Normal Menses Began		
Disposition Information	Day*	Month*	Year*
	Select one	Select one	
Other Links	Number Born Alive and Now Living*	Number Born Alive and Now Dead*	Total Number of Previous Live Births
Manager	Select one Y	Select one Y	
Messages	Number of Spontaneous Terminations	Number of Induced Terminations*	Total Number of Other Pregnancy Outcomes
Case Status History	Select one	Select one	
Registration validations	Drimony Drocodyre Used to Terminate Drognoney (Select only one)*		
Commonto	rimary Procedure used to reminate Pregnancy (Select only one)*		
Comments	Select one	× _	
	Additional Procedures Used to Terminate Pregnancy		
	Suction Curettage	Other Medical (Nonsurgical)	Intra-Uterine Instillation
	Hysterotomy/Hysterectomy	Dilation and Evacuation (D&E)	Other, Specify
	Methotrexate and Misoprostol	Mifepristone and Misoprostol	None None
	Sharp Curettage (D&C)		
	Misoprostol		
	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	Case Status: Medical Pending Disposition Pending Unsigned Uncertified Unregistered			
Medical Information	Information Status:			
Patient Information	Medical Information			
Patient Attributes				
Facility	Date of Last Normal Menses Began			
Medical Information	Day*	Month*		Year*
Attendant / Certifier	Unknown ×	V Unknown	* ~	2017
Disposition Information	Number Born Alive and Now Living*	Number Born Alive and Now Dead*		Total Number of Previous Live Births
Disposition	None ×	V None	× ~	0
Other Links	Number of Spontaneous Terminations	Number of Induced Terminations*		Total Number of Other Pregnancy Outcomes
Messages	None ×	✓ None	* ~	0
Case Status History	Primary Procedure Used to Terminate Pregnancy (Select only one)*			
Registration Validations	Suction Curettage	ж ~		
Request to Abandon/Void	Additional Procedures Used to Terminate Pregnancy			
Comments	Suction Curettage	Other Medical (Nonsurgical)		Intra-Uterine Instillation
	Hysterotomy/Hysterectomy	Dilation and Evacuation (D&E)		Other, Specify
	Methotrexate and Misoprostol	Mifepristone and Misoprostol		□ None
	➡ 🗹 Sharp Curettage (D&C)			
	Misoprostol			
	Contraceptives Provided at Time of Procedure			
	Did the patient receive any information/counseling about contraceptiv	es?		
	No			× ~
	Did the patient receive any contraception at time of the procedure?*			
	Yes			* ~
	Contraceptive Placed/Given at Time of Procedure (Check All that Appl	y)		
	Hormonal IUD	✓ Oral Contraceptive Pills		Emergency Contraceptive Pill
	Non-hormonal IUD	Patch		Condoms
	🗌 Implant	Vaginal Ring		Other, Specify
	Injection			
	Contraceptive Prescribed at Time of Procedure (Check All that Apply)			
	Injection	✓ Patch		Emergency Contraceptive Pill
6/30/2017	Oral Contraceptive Pills	Vaginal Ring		Other, Specify
	Check Duplicate			< Save >

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017 Place of Termination: Testing Hospital (Manhattan)	
Medical Information	Case Status: Medical Pending Disposition Pending Unsigned Uncertified Unregistered	
Patient Information	Information Status:	
 Patient Attributes 	Attendent / Contifier	
Facility		
Medical Information		
Attendant / Certifier	Attendant	
Disposition Information	Q Look Up Attendants First	
Disposition		
	Anene	
Other Links	Last Suffix	
Messages	Cobeo Select one	~
Case Status History	Attendant Title	
Registration Validations	MD × v	
Request to Abandon/Void		
Comments	Certifier	
	Q Look Up Certifier	
	First*	
	Anene	
	Last* Suffix	
	Cobeo	~
	Certifier Title	
	MD ×	
	Certified Date	
	Check Duplicate Save	

ITOP Registration	Case ID: 179 Patient Name: da la Event D	ate: Jun-28-2017 Place of Termination: Testing Hospital (Manhattan)	
Medical Information	Case Status: Medical Valid Disposition Pen	ding Unsigned Uncertified Unregistered	
Patient Information	Information Status:		
Patient Attributes			
Facility	Disposition		
Medical Information	Method of Disposition		
 Attendant / Certifier 	City Burial (Potter's Field)	* ~	Note: Upon selecting "City
Disposition Information			Burial", all Place of Disposition
	Date of Disposition Known*	Date of Disposition	information will outomatically
	Known	x ~	
Other Links			populate with the exception of
Messages	Place of Disposition		the "Date of Disposition" field
Case Status History	Place of Disposition		the Date of Disposition field.
Registration Validations	City Cemetery At Hart Island	Q Place of Disposition Look up	
Request to Abandon/Void		/ Clear	
Comments	City or Town	State	Country
	Bronx	New York	United States ×

ITOP Registration	Funeral Director	<u>Note</u> : Upon selecti
Medical Information		Director and Funer
Patient Information	·	automatically pop
Patient Attributes	First	
Facility	Jason	
Medical Information	Last	Suffix
Attendant / Certifier	Graham	Select one
Disposition Information		
Oisposition	Funeral Home	
Other Links	Business Registration Number	Funeral Home Name
Other Links Messages	Business Registration Number	Funeral Home Name Office of Chief Medical Examiner
Other Links Messages Case Status History	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc)	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc
Other Links Messages Case Status History Registration Validations	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc
Other Links Messages Case Status History Registration Validations Request to Abandon/Void	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc
Other Links Messages Case Status History Registration Validations Request to Abandon/Void Comments	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First City or Town	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc State
Other Links Messages Case Status History Registration Validations Request to Abandon/Void Comments	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First City or Town New York	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc State New York
Other Links Messages Case Status History Registration Validations Request to Abandon/Void Comments	Business Registration Number Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First City or Town New York Zip Code	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc State New York Country
Other Links Messages Case Status History Registration Validations Request to Abandon/Void Comments	Business Registration Number Street Number and Name, Rural Route (No P.O. Box, etc) 520 First City or Town New York Zip Code	Funeral Home Name Office of Chief Medical Examiner Apartment, Suite, Building, Floor, etc State New York Country United States

ing "City Burial", the Funeral ral Home information will ulate.

Jason	
Last	Suffix
Graham	Select one V
Funeral Home	
Business Registration Number	Funeral Home Name
	Office of Chief Medical Examiner
Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
520 First	
City or Town	State
New York	New York
Zip Code	Country
	United States ~
	Unverified Verify Address

ITOP Registration	Patient's Legal Name	
Medical Information	First Middle	
Patient Information		
Patient Attributes	Last*	to: Must populate the Last Name (*)
Facility	Select on NO	te : Must populate the Last Name (*)
Medical Information		
Attendant / Certifier	Name of Conceptus	
Disposition Information		
Disposition		
Other Links		Save 1
Messages		
Case Status History		
Registration Validations		
Request to Abandon/Void		
Comments		

ITOP Registration	Case ID: 179 Patient Name: da la Event Date: Jun-28-2017	Place of Termination: Testing Hospital (Manhattan)	
Medical Information	Case Status: Medical Valid Disposition Pending Unsigned	Uncertified Unregistered	
Patient Information	Information Status:		
Patient Attributes			
Facility	Disposition		
Medical Information	Method of Disposition		
Attendant / Certifier			
Disposition Information	City Burial (Potter's Field)	* ~	
	Date of Disposition Known*	Date of Disposition	
	Known × v	Jun-29-2017 🛗	
Other Links		· · · · · · · · · · · · · · · · · · ·	
Messages	Place of Disposition		
Case Status History	Place of Disposition		
Registration Validations	City Cemetery At Hart Island	Q Place of Disposition Look up	
Request to Abandon/Void		Clear	
Comments			
	City or Town	State	Country
	Bronx	New York	United States ~

ITOP Registration	Funeral Director	
Medical Information	License Number	
Patient Information	Firet	Middle
 Patient Attributes 		Mildle
Facility	Jason	
Medical Information	Last	Suffix
Attendant / Certifier	Graham	Select one
Disposition Information		
Disposition	Funeral Home	
Other Links	Business Registration Number	Funeral Home Name
Messages		Office of Chief Medical Examiner
Case Status History	Street Number and Name, Rural Route (No P.O. Box, etc)	Apartment, Suite, Building, Floor, etc
Registration Validations	520 First	
Request to Abandon/Void		
Comments	City or Town	State
	New York	New York
	Zip Code	Country
		United States ~
		Unverified Verify Address

ITOP Registration	Patient's Legal Name		
	First	Mide	ddle
Medical Information			
Patient Information	Last*	Suff	ffix
 Patient Attributes 	Land	Sal	valent ene
Facility		Sei	electione v
Medical Information	Name of Concentue		
Attendant / Certifier	Name of Conceptus		
Disposition Information			
Disposition	Check Duplicate		< Save >
Other Links			
Messages			
Case Status History			
Registration Validations			
Request to Abandon/Void			
Comments			

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017	Note: The Case Statuses have
Medical Information	Case Status: Medical Valid Disposition Valid Certification Required Signature Required Unregistered	changed based on all the information
Patient Information	Certify Case	we have entered thus far.
Patient Attributes		
Facility	I hereby certify that this event occurred at the time and on the date indicated and that all the facts stated in this certific	ate are true to the best of my knowledge,
Medical Information		
Attendant / Certifier		
Certify		
Disposition Information		Affirm
Disposition		
Other Links		
Messages		
Case Status History		
Registration Validations		
Request to Abandon/Void		
Comments		

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certification Required Signature Required Unregistered
Patient Information	Certify Case
Patient Attributes	
Facility	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,
Medical Information	
Attendant / Certifier	
Certify	
Disposition Information	Note: After you select the
 Disposition 	"Affirm" checkbox, the QR
Other Links	Scan Code Appears.
Messages	1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Case Status History	
Registration Validations	
Request to Abandon/Void	Scan using the Certify App within the next 59 seconds.
Comments	Affirm

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	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certified Signed
Patient Information	Certify Case
Patient Attributes	
Facility	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,
Medical Information	
Attendant / Certifier	
Certify	
Disposition Information	Note: Certification was successful unaffirm
Disposition	
Other Links	Note: In the event that you wish to make changes to the
Messages	case, click the "Unaffirm" button. Then make updates to the
Case Status History	case and re-certify.
Registration Validations	
Request to Abandon/Void	
Comments	

ITOP Registration	Case ID: 179	Name: da la Event Date: Jun-28-2017					
Medical Information	Case Status:	Medical Valid Disposition Valid Certified	Signed Unregistered Hold	I			
Patient Information	Messages						
 Patient Attributes 	Sender	Subject	Body			Sent Date	
Facility	administrator@evital.com	Disposition for Case ID 179 has not been claimed	Disposition for Case ID 179 h	as not been claimed. Claim ownership fo	or disposition to register case.	Jun/29/2017	
Medical Information	administrator@evital.com	Disposition for Case ID 179 has not been claimed	Disposition for Case ID 179 h	as not been claimed. Claim ownership fo	or disposition to register case.	Jun/29/2017	
Attendant / Certifier							
Certify						New Message	
Disposition Information	Send Message		×				
Disposition					Click the New	v Message b	utton. The
Other Links	Add Recipient		-		"Send Messa	ge" window	opens.
Messages	Recipient Type			_			
Print Forms			~				
Case Status History	All Public User						
Registration Validations	Functional Entity Registered User						
Request to Abandon/Void							
Comments							
	Message*						
			Send				
		Medica	l Facility ITOP Webin	ar			53

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certified Signed Unregistered External Request to Abandon
Patient Information	Print Forms Page
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	

ITOP Registration	Case ID: 179 Name	: da la Event Date: Jun-28-2017					
Medical Information	Case Status: Me	edical Valid Disposition Valid Certif	fied Signed Unregistered	d Hold			
Patient Information	View Case History						
Patient Attributes	Status Date	Status Name	Status set by	Associated Facility name	Comment	Reject Reason	Other Reason
Facility	Jun/29/2017 02:41 PM	Hold	Cobeo, Arlene	Testing Hospital (Manhattan)			
Medical Information	Jun/29/2017 02:41 PM	Certified	Cobeo, Arlene	Testing Hospital (Manhattan)			
 Attendant / Certifier 	Jun/29/2017 02:41 PM	Signed	Cobeo, Arlene	Testing Hospital (Manhattan)			
Certify	Jun/29/2017 02:35 PM	Certification Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Disposition Information	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)			
Usposition	Jun/29/2017 02:34 PM	Signed	Cobeo, Arlene	Testing Hospital (Manhattan)			
Other Links	Jun/29/2017 02:34 PM	Hold	Cobeo, Arlene	Testing Hospital (Manhattan)			
Messages	Jun/29/2017 02:30 PM	Certification Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Print Forms	Jun/29/2017 02:30 PM	Signature Required	Cobeo, Arlene	Testing Hospital (Manhattan)			
Case Status History	Jun/29/2017 02:30 PM	Disposition Valid	Cobeo, Arlene	Testing Hospital (Manhattan)			
Registration Validations	Jun/29/2017 02:15 PM	Medical Valid	Cobeo, Arlene	Testing Hospital (Manhattan)			
Request to Abandon/Void	Jun/29/2017 01:46 PM	Medical Pending	Cobeo, Arlene	Testing Hospital (Manhattan)			
Comments	Jun/29/2017 01:46 PM	Disposition Pending	Cobeo, Arlene	Testing Hospital (Manhattan)			

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certified Signed Unregistered Hold
Patient Information	Event Validations
 Patient Attributes 	No validation errors found
Facility	
Medical Information	
Attendant / Certifier	
Certify	
Disposition Information	
Disposition	
Other Links	
Messages	
Print Forms	
Case Status History	
Registration Validations	
Request to Abandon/Void	
Comments	

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certified Signed Unregistered Hold
Patient Information	Request to Abandon/Void
Patient Attributes	Request Type*
Facility	External Request to Abandon
Medical Information	Reason*
Attendant / Certifier	
Certify	
Disposition Information	
Disposition	Save
Other Links	
Messages	
Print Forms	
Case Status History	
Registration Validations	
Request to Abandon/Void	
Comments	

ITOP Registration	Case ID: 179 Name: da la Event Date: Jun-28-2017
Medical Information	Case Status: Medical Valid Disposition Valid Certified Signed Unregistered Hold
Patient Information	Comments
 Patient Attributes 	Enter Comment
Facility	CommentType*
Medical Information	Select one
Attendant / Certifier	Comment*
Certify	
Disposition Information	
Disposition	Maximum text length: 4000
Other Links	Save Comment Clear
Messages	Case ID: 179 Name: da la Event Date: Jun-28-2017
Print Forms	Case Statust Medical Valid Disposition Valid Castified Signed Hand
Case Status History	
Registration Validations	Comments
Request to Abandon/Void	Enter Comment
Comments	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: <u>www.nyc.gov/evers</u>
- Helpdesk contact information:

MENTAL HYGIENE

- Call (646) 632-6705
- Email evers@health.nyc.gov



YORK CITY DEPARTMENT OF

Bureau of Vital Statistics

The Expert in anything was once a Beginner

