



# eVital Guide:

## Electronic Spontaneous Terminations of Pregnancy (STOP) Registration Module for Medical Facility Users

New York City Department of Health  
and Mental Hygiene

Division of Epidemiology, Bureau of Vital Statistics

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# 1. Purpose

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

# 2. Scope

1. This guide outlines the process of reporting a Spontaneous Terminations of Pregnancy (STOP) case in eVital. You will also learn how to log in to and navigate the eVital application.

# 3. Logging in to and Navigating eVital

## 1. Logging In

- a. To access eVital, open an Internet Explorer browser and enter the following URL in the address bar: <https://a816-evital.nyc.gov/eVital>.
- b. Enter your NYCID email address and password and click **LOG IN**.



- c. If you forgot your password, click the **Forgot Password** link located in the bottom left-hand corner.



- d. Enter the email address you used to sign up with eVital. Click **Submit**.



- e. You may reset your password by email or by answering the security questions associated with your account. Choose the desired option. If you chose **Reset via email** click **Continue** and proceed to Step g. If you chose **Reset via security questions**, proceed to Step h.

### Reset Password: amyevers12@gmail.com

**Reset via email**

Reset via security questions

Click "Continue" below to receive an email with instructions on how to reset your password.

**CONTINUE**

- f. You will receive the following message. Log in to your email account for step-by-step instructions to continue changing your password.

### Check Your Email

An email has been sent to the email address provided. Follow the instructions in the email to reset your password. If you have not received the email, check your spam/junk folder.

**CONTINUE**

- g. Enter the answers to your security questions, then select **Continue**. Follow the remaining instructions to continue changing your password.

What is the name of your first pet?

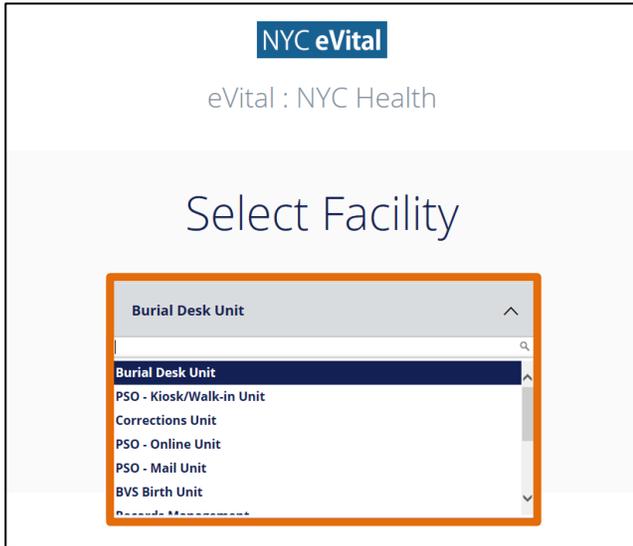
What is your favorite cartoon character?

Display Answers:  Show  Hide

**CONTINUE**

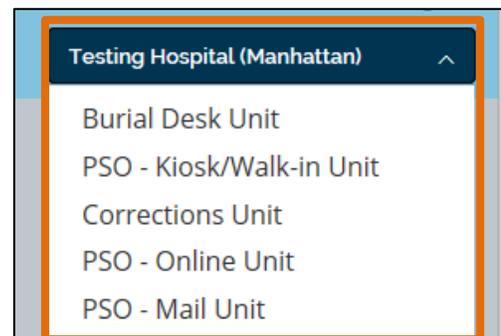
## 2. Selecting a Facility

- a. If you are only associated with one facility, you will be taken directly to the **eVital Dashboard**.
- b. If you are associated with multiple facilities you will need to select the desired facility from the **Select Facility** drop-down list and then click **Go to Unit**.



## 3. The eVital Dashboard

- a. The **eVital Dashboard**, also called the homepage, displays your name, the name of your current facility, as well as a drop-down menu.
- b. If you click the drop-down menu, a list of your available facilities will appear.



c. There are three icons located in the upper right-hand corner of the **eVital Dashboard: Help, My Profile** and **Home**.

- **Help** – Click this icon to search for answers to eVital questions.
- **My Profile** – Click this icon to view personal information, such as your email address.
- **Home** – Click this icon to return to the **eVital Dashboard**.



**Note:** Click the **NYC Health** icon at the top of any screen to return to the **eVital Dashboard**.



d. Also located on the upper right-hand corner of the **eVital Dashboard** is the **Log Out** feature. When you are done using the application you can log out by clicking this link.



e. There is a black bar across the top of the **eVital Dashboard** with a **Profile** link in the right-hand corner. Click the **Profile** link to access and make changes to your NYCID profile.



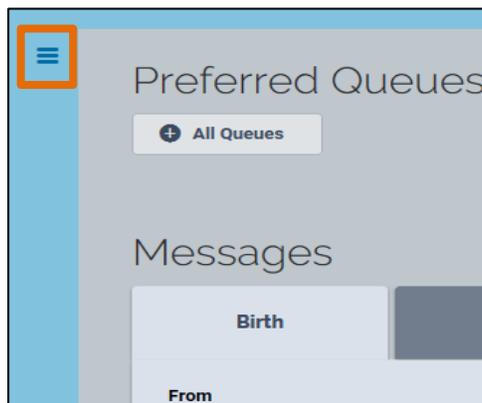
- f. On the **Profile** screen, you can change your email address and password, update your name, view your security questions or deactivate your account. To change your email address, enter your new email address in the first field and then enter it again in the second field to confirm. Click **Save Changes**.

The screenshot shows the 'Profile' screen with the 'EMAIL ADDRESS' tab selected. The interface includes two input fields: 'New Email Address' and 'Confirm New Email Address'. A 'SAVE CHANGES' button is located at the bottom right of the form area.

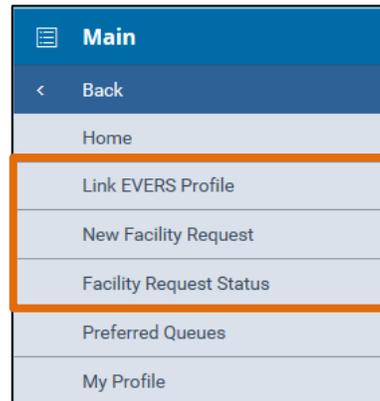
- g. You can make additional changes to your profile by selecting the **Password**, **Name**, **Security Questions** and **Deactivate** tabs. Click **Save Changes** to return to the dashboard.

The screenshot shows the 'Profile' screen with the 'PASSWORD' tab selected. The interface includes three input fields: 'Current Password', 'New Password', and 'Confirm New Password'. A 'SAVE CHANGES' button is located at the bottom right of the form area.

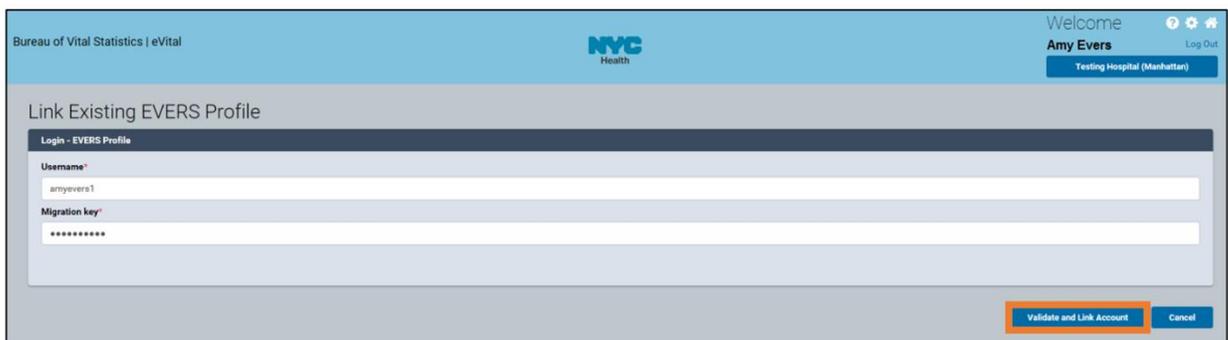
- h. On the **eVital Dashboard**, you can navigate to different areas of the application by clicking the **menu icon** located on the left-hand side of the page.



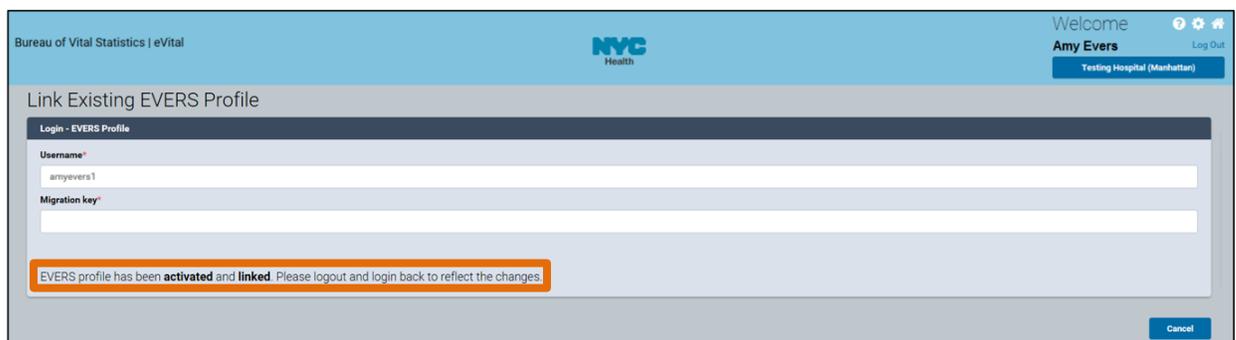
- i. After clicking on the **menu icon**, the **All Categories** menu will open. Click on **Main** to open the main menu. Available options include **Link EVERS Profile**, **New Facility Request** and **Facility Request Status**.



- j. To link an existing EVERS profile to your eVital profile, select **Link EVERS Profile**. Type your **EVERS Username** and **Migration Key**, then click **Validate and Link Account**.



- k. A message stating that the profile has been linked will appear.



- I. To add a new facility to your profile, select **New Facility Request** from the main menu. Click the **Look Up...** button to search for the new facility.

Facility Request

Facility Information

Facility  **Look Up...**

Street Number and Name, Rural Route (No P.O. Box, etc)  Apartment, Suite, Building, Floor, etc  City or Town

State  ZIP  Country

Work phone number  Work phone extension  Work mobile number

Job Title  Required Role  Email Address

**Add Facility**

Facility	Job Title	Job Title Other	Role Requested	Work Phone Number	Ext	Work Mobile	Email Address	Action

**Save** **Cancel**

- m. Enter the **Facility Name** and click **Search** or type the first three characters of the facility name followed by a percent sign (%).

**Note:** The percent sign (%) can be used as a wildcard, substituting for any character(s) at the beginning, middle, or end of names.

Facility Lookup

Facility Name  **Search**

Show 20 entries Filter:

Facility Name	Address	City
No data available in table		

Showing 0 to 0 of 0 entries **Previous** **Next**

- n. Click **Select** to select the facility.

Facility Lookup

Facility Name  **Search**

Show 20 entries Filter:

Facility Name	Address	City	
Other Medical Facility	124 Worth St	New York	<b>Select</b>
Other Funeral Home	5628 Broadway	New York	Select

Showing 0 to 0 of 0 entries **Previous** **Next**

- o. The **Facility Information** will appear in the **Facility Request** window. Click **Add Facility**.

Facility Request

Facility Information

Facility: Other Medical Facility Look Up...

Street Number and Name, Rural Route (No P.O. Box, etc): 124 Worth St

Apartment, Suite, Building, Floor, etc: Ste 600

City or Town: New York

State: NY

ZIP: 10013-4025

Country: Select one

Work phone number: (212) 555-1212

Work phone extension: 1234

Work mobile number:

Job Title: RN

Required Role: Data Entry

Email Address: amyeyers12@gmail.com

**Add Facility**

Facility	Job Title	Job Title Other	Role Requested	Work Phone Number	Ext	Work Mobile	Email Address	Action
Other Medical Facility	RN		Data Entry	2125551212	1234		amyeyers12@gmail.com	X

**Save** **Cancel**

- p. The facility information will appear at the bottom of the window. Click **Save**.

Facility Request

Facility Information

Facility:

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

Apartment, Suite, Building, Floor, etc:

City or Town:

State:

ZIP:

Country: Select one

Work phone number:

Work phone extension:

Work mobile number:

Job Title: Select one

Required Role: Select one

Email Address:

**Add Facility**

Facility	Job Title	Job Title Other	Role Requested	Work Phone Number	Ext	Work Mobile	Email Address	Action
Other Medical Facility	RN		Data Entry	2125551212	1234		amyeyers12@gmail.com	X

**Save** **Cancel**

- q. The **User Facility** information will appear. The **Status** will be **Pending** until the Facility Administrator approves the request. eVital users can cancel the request by clicking **Cancel Request** and view requests by selecting **Facility Request Status** from the main menu.

User Facility

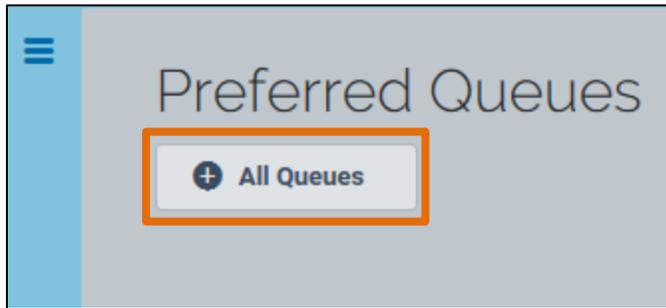
Request Statuses

Facility	Job Title	Role Requested	Status
Testing Hospital (Manhattan)	RN	Data Entry	Approved
Other Medical Facility	RN	Data Entry	<b>Pending</b>

**Cancel Request**

## 4. Queues

- a. Near the **menu icon** on the **eVital Dashboard** is an **All Queues** button.



- b. Clicking the **All Queues** button will open the **Queue List**. This list is categorized by module. The modules are based on the roles assigned to you in your facility profile. Clicking the plus sign (+) next to the module name will expand the list and display queues associated with the module. Each queue has a count of the number of cases that require attention. If a queue has a zero (0) next to it, there are no cases in that queue and nothing that needs to be addressed. Click on the queue name to see the actual cases in the queue.

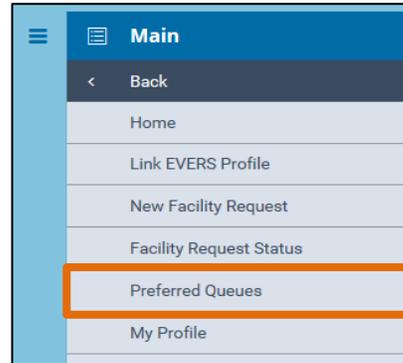
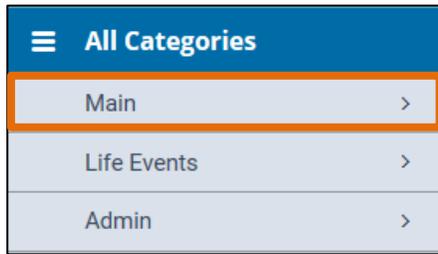


The image shows a screenshot of the expanded 'Queue List' for the 'Birth' module. The table below lists various queue items, their counts, and their ages. The 'Birth' module header has a minus sign (-) on the right.

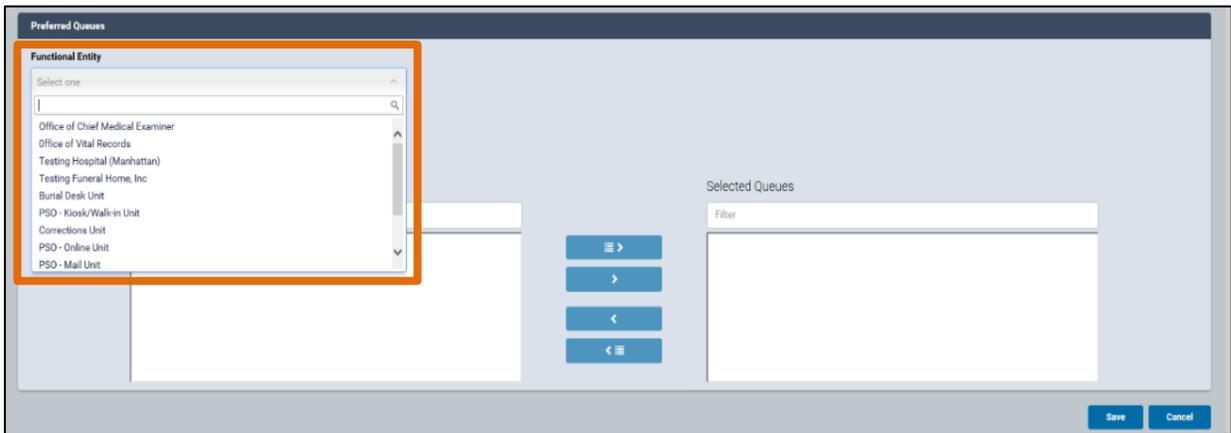
Queue Item	Count	Age
Abandon/Void Request Reject	0	
AOP Attachment Pending	1	119 days 5 hours old
AOP Rejected	0	
Birth New Event	6	120 days 12 hours old
Certification Required	2	119 days 5 hours old
Exact Duplicate	0	
FR Failed	0	
Hold	0	
Legal Pending	3	120 days 12 hours old
Manual Registration Rejected	0	
Medical Pending	3	120 days 12 hours old
Potential Duplicate	0	
Unlinked	0	

## 5. Preferred Queues

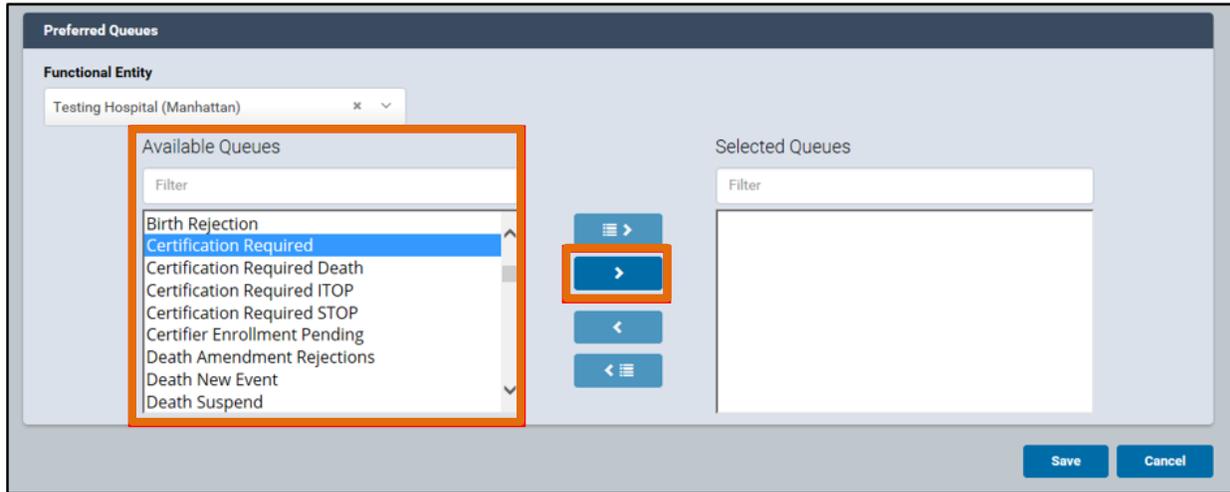
- a. If you frequently use certain queues, you can choose to add them as **Preferred Queues**. To set up your **Preferred Queues**, go to your **eVital Dashboard**, click the **menu icon**, select **Main**, and then select **Preferred Queues**.



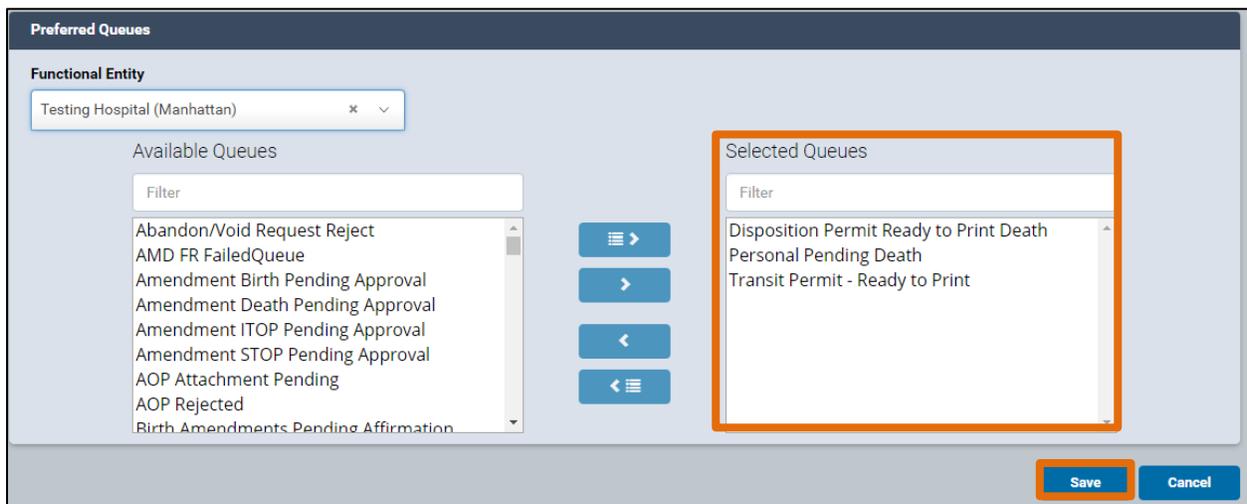
- b. Select your facility from the **Functional Entity** drop-down list.



- c. A list of available queues will appear. To move a queue to the **Selected Queues** window, click on the desired queue name and click the right arrow. You can include up to seven queues as **Preferred Queues**.



- d. Once the desired queues are listed in the **Selected Queues** window, click **Save**.



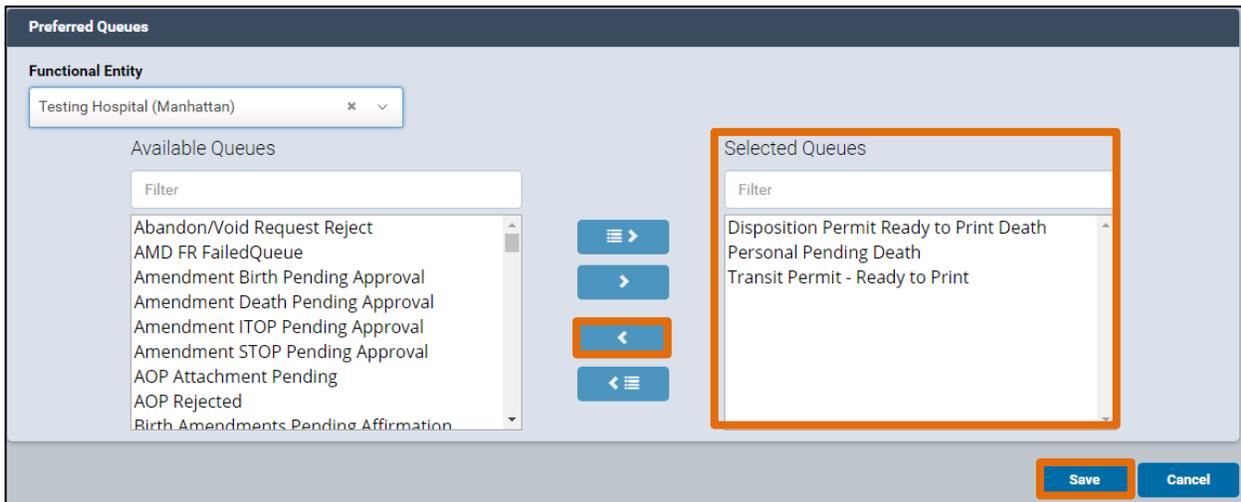
e. The selected queues will appear on your **eVital Dashboard**.

**Note:** Queues are color coded as follows:

- Blue: Contains items less than **10** days old.
- Orange: Contains items **10 to 24** days old.
- Red: Contains items **25** days old or older.



f. To remove a **Preferred Queue** from your **eVital Dashboard**, click on the desired queue from the **Selected Queues** window and then click the left arrow to move it back to the **Available Queues** window. Then click **Save**.



## 6. System Messages

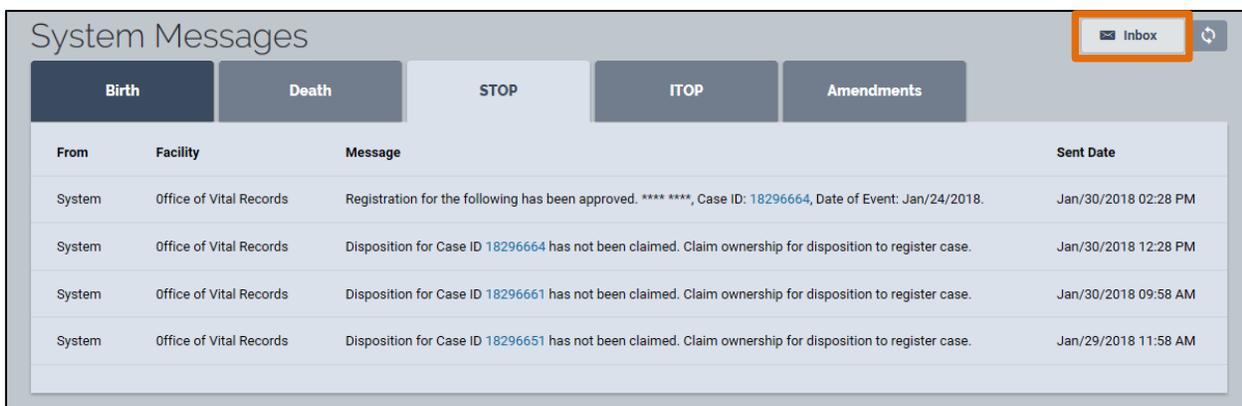
- a. **System Messages** are displayed in tabs on the eVital homepage. System Message tabs are grouped by module (**Birth, Death, STOP, ITOP, and Amendments**) and correspond to the roles you are assigned within your current facility.



- b. Click on a tab to see the associated messages. Click on the **Case ID** link to view an entry in detail.

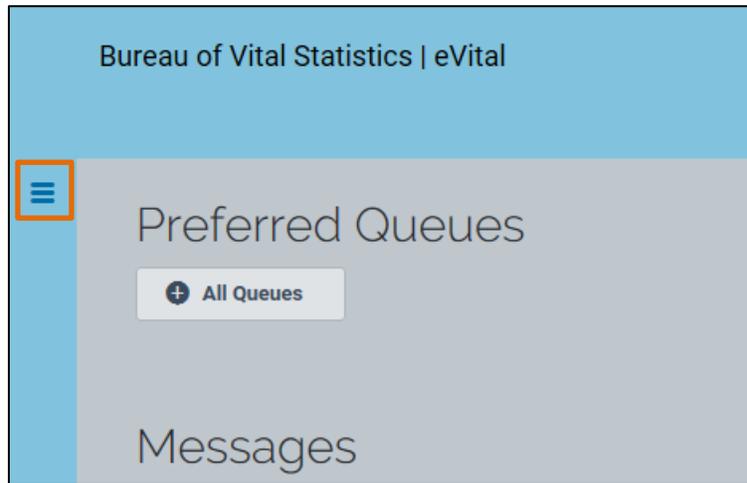


- c. System Messages can also be viewed by clicking the **Inbox** button.



## 4. How Do I Create a New STOP Case?

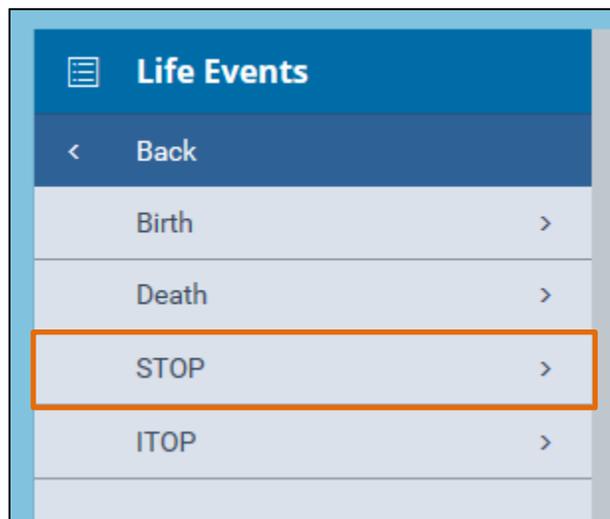
1. From the **eVital Dashboard**, click the **menu icon** located to the left of **Preferred Queues**.



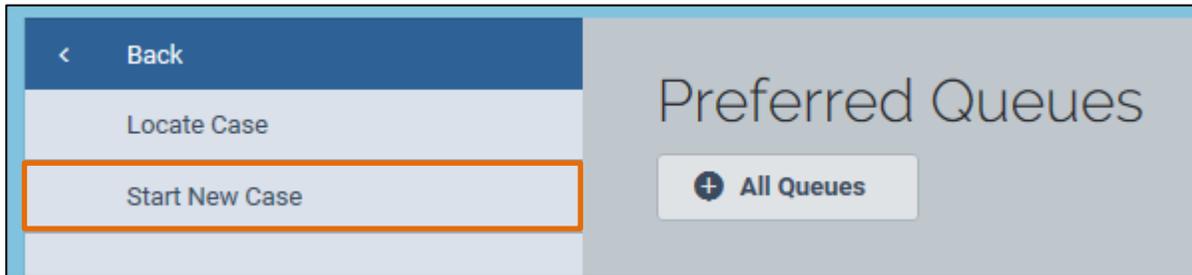
2. In the **All Categories** menu, select **Life Events**.



3. In the **Life Events** menu, select **STOP**.



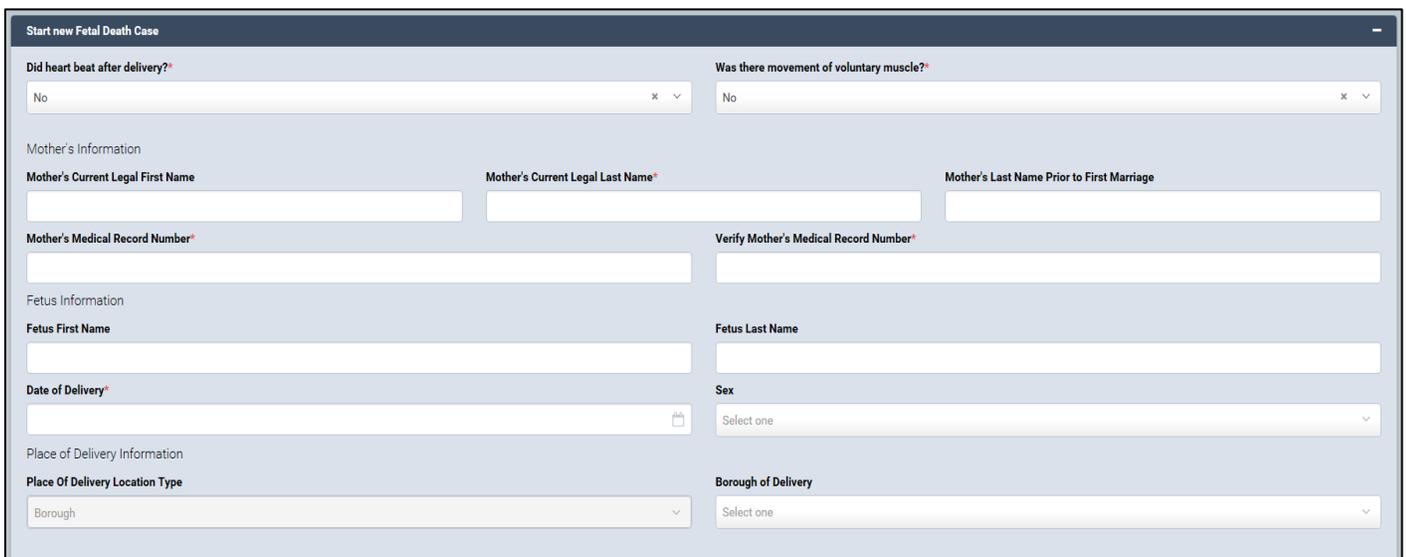
4. In the **STOP** menu, click **Start New Case**.



- 5. When the **Start New Fetal Death Case** section opens, select **Yes** or **No** from the following drop-down lists: **Did heart beat after delivery?** and **Was there movement of voluntary muscle?** If the answer to both of these questions is no, continue to Step
- 6. If the answer to either of these questions is **Yes**, a notice will appear stating that the “Case is not a Spontaneous Termination of Pregnancy. Please verify your entries or enter both birth and death case.” If this occurs, the case does not belong in STOP.



7. After selecting **No**, additional fields will appear.



8. Type the **Mother’s Current Legal First Name, Last Name** and **Last Name Prior to Marriage** in the corresponding fields.
9. Complete the **Mother’s Medical Record Number** field, and retype the record number in the **Verify Mother’s Medical Record Number** field.
10. Type the **Fetus First Name** and **Fetus Last Name**.
11. Enter the date in the **Date of Delivery** field.
12. Select the **Sex** from the drop-down list.
13. Select the **Borough of Delivery** from the drop-down list. **Note:** The **Place of Delivery Location Type** field automatically populates. Click **Search**.

14. If the case information is new, a notice will appear stating “There are no cases that match the criteria you have entered.” Click the **Create New Case** button to create a new registration case.

15. The **Fetal Death Registration** case is divided into two sections: **Legal Information** and **Confidential Medical Report**.
16. The menu pages under each section will have a **red dot** until all the fields have been properly completed.
17. Depending on the information provided in the **Obstetric Estimate of Gestation** and **Does Mother/Parent Request Disposition** fields, additional pages will appear in the menu. For example:

- a. If the gestational age is greater than 20 weeks, the eVital user will need to complete additional sections in the **Confidential Medical Report** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input type="radio"/>	Fetus
<input type="radio"/>	Place of Delivery
<input type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent Address
<input type="radio"/>	Father/Parent Information
<b>Confidential Medical Report</b>	
<input type="radio"/>	Mother/Parent Attributes
<input type="radio"/>	Prenatal
<input type="radio"/>	Mother/Parent Health
<input type="radio"/>	Pregnancy Factors
<input type="radio"/>	Delivery
<input type="radio"/>	Fetal Attributes
<input type="radio"/>	Cause/Conditions Contributing to Fetal Death
<input type="radio"/>	Attendant/Certifier

- b. If the **Obstetric Estimate of Gestation** (completed weeks) is 25 weeks or greater, then the burial desk must issue a disposition permit.

18. eVital users must complete and address all the fields in each of the menu pages and all **Validation Results** (edit rules) before a case can be certified.

**Note:** If you receive a validation error notice, review and correct the information. There are two types of errors: hard edits appear in red and must be corrected to sign the certificate. Soft edits appear in orange and must be overridden to sign the certificate. To override soft edits, select the check box in the **Override** column, and click the **Save Overrides** button.

19. After completing these fields, continue to the **Fetal Death Registration – Fetus** form.

## 5. Fetus

**Note:** The system automatically populates the **Date of Delivery** in the **Fetus** form.

The screenshot shows the 'Fetus' form with the following data entered:

- Fetus Medical Record Number:** 456
- No Given Name\*:**  No Given Name
- Fetus Name:**
  - First:** (empty)
  - Middle:** (empty)
  - Other Middle:** (empty)
  - Last:** (empty)
  - Suffix:** (empty)
- Date of Delivery:** Jan-26-2018
- Time of Delivery:** 10:45 AM
- Sex:** Undetermined
- Number Delivered in this Pregnancy:** Single
- Obstetric Estimate of Gestation (Completed Weeks):** 20
- Does Mother/Parent Request Disposition?:** No

1. Type the **Fetus Medical Record Number** in the corresponding field.
2. If there is no given name, select the **No Given Name** check box.
3. Type the **First**, **Middle** and **Last** names in the corresponding fields.
4. Type a second middle name in the **Other Middle** field.
5. Select the **Suffix**, if applicable. **Note:** The **Other Middle** and **Suffix** are not required fields.
6. Type the **Time of Delivery**.
7. Select the **Sex** from the drop-down list.

The screenshot shows the 'Fetus' form with the following data entered:

- Fetus Medical Record Number:** 789
- No Given Name\*:**  No Given Name
- Fetus Name:**
  - First:** \*\*\*\*
  - Middle:** (empty)
  - Other Middle:** (empty)
  - Last:** \*\*\*\*
  - Suffix:** (empty)
- Date of Delivery:** Jan-25-2018
- Time of Delivery:** 01:23 AM
- Sex:** Male

8. Select the **Number Delivered in This Pregnancy** from the list.
9. Type the number of completed weeks in the **Obstetric Estimate of Gestation** field.
10. Select **Yes** or **No** from the **Will Medical Institution Be Responsible for Final Disposition?** drop-down list.
11. Click **Save**. **Note:** If you select the right (>) or left (<) arrows without saving your work, you will lose the data you entered.



**Number Delivered in this Pregnancy**

Single x v

**Obstetric Estimate of Gestation (Completed Weeks)**

30

Application for disposition permit is required

**Will Medical Institution be responsible for Final Disposition?**

Yes x v

---

No validation error found on this page Show All

Check Duplicate < Save >

12. If all the fields contain valid information, a “No validation error found on this page” notice will appear.



13. If the fields are not completed with the correct information, a “Validation error” notice will appear. **Note:** There are two types of errors:
  - a. Hard edits appear in red and must be corrected.
  - b. Soft edits appear in orange and must be overridden.
14. To **Override** an error, select the check box in the **Override** column and click the **Save Overrides** button. **Note:** The **Override Validation Error** feature is only available for some errors.
15. To view multiple errors, click the **Show All** button.
16. Correct any errors and click **Save**.

Rule ID	Message	Action Message	Override	Reason
FD0069	Fetus' last name is not in proper case.	Enter the Fetus' last name in proper case.	<input checked="" type="checkbox"/>	

Show All
Save Overrides

Check Duplicate < Save >

17. If all the fields contain valid information, a **green dot** appears next to the **Fetus** menu page. Continue to the **Place of Delivery** section.



## 6. Place of Delivery

1. From the **Fetal Death Registration** menu, click **Place of Delivery**. **Note:** While you are working on a case, the **Case Status** information appears under the **Event Date** at the top of the page.

Fetal Death Registration		Case ID: 10276	Mother Name: Richards (MRN: 649)	Event Date: Aug-11-2017
<b>Legal Information</b> <input type="radio"/> Fetus <input checked="" type="radio"/> <b>Place of Delivery</b> <input type="radio"/> Mother/Parent Information <input type="radio"/> Mother/Parent's Address <input type="radio"/> Father/Parent Information		<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>		
<b>Confidential Medical Report</b> <input type="radio"/> Mother/Parent Attributes <input type="radio"/> Prenatal <input type="radio"/> Mother/Parent Health <input type="radio"/> Pregnancy Factors <input type="radio"/> Delivery <input type="radio"/> Fetal Attributes <input type="radio"/> Cause/Conditions Contributing to Fetal Death <input type="radio"/> Attendant/Certifier		<b>Information Status:</b> <b>Place of Delivery</b> <b>Type of Place of Delivery*</b> <input type="text" value="Select one"/>		
<b>Personal Information</b> <input type="radio"/> Disposition		<b>Address</b> <b>Borough*</b> <input type="text" value="Select one"/>		
<b>Other Links</b> <a href="#">Messages</a> <a href="#">Print Forms</a> <a href="#">Case Status History</a> <a href="#">Registration Validations</a> <a href="#">Request to Abandon/Void</a> <a href="#">Comments</a>		<b>Street Number and Name, Rural Route (No P.O. Box, etc)*</b> <input type="text"/> <b>Apartment, Suite, Building, Floor, etc</b> <input type="text"/> <b>City or Town</b> <input type="text"/> <b>County</b> <input type="text"/> <b>State</b> <input type="text"/> <b>Zip Code</b> <input type="text"/> <b>Country*</b> <input type="text" value="United States"/>		
		<input type="button" value="Unverified"/> <input type="button" value="Verify Address"/>		

2. Select the delivery location in the **Type of Place of Delivery** field.
3. If you selected a medical facility, the address fields will automatically populate with the **Medical Facility** address. Continue to Step 5.
4. If you selected a value other than a medical facility, continue to Steps 4a, b and c.
  - a. A field called **Facility Name** will appear. Type the name of the **Place of Birth** in this field. Continue to Step 4b.
  - b. Select the **Borough** and complete the **Address** fields for the **Place of Delivery**. Continue to Step 4c.
  - c. Select the **Country** from the drop-down list.

5. Click Verify Address.

**Place of Delivery**

Type of Place of Delivery\*  
Clinic/Doctor's office

Facility Name  
Manhattan Medical Complex

Address

Borough\*  
Manhattan

Street Number and Name, Rural Route (No P.O. Box, etc)\*  
125 Worth Street

Apartment, Suite, Building, Floor, etc  
1

City or Town  
New York

County  
New York

State  
NY

Zip Code  
10013

Country\*  
United States

Unverified **Verify Address**

6. From the **Matched Address** window, choose the correct address found in the USPS database file and click **Select**.

**Matched Address**

Match Found

Select	Address Line1	Address Line2	City	State	Zip Code	County
<input checked="" type="radio"/>	125 Worth St	Lbby 1	New York	NY	10013-4006	New York

**Select** **Cancel**

- On the **Place of Delivery** page, a green **Verified** check mark indicates a validated address.

The screenshot shows a form titled "Place of Delivery" with the following fields and values:

- Type of Place of Delivery:** Clinic/Doctor's office
- Facility Name:** Manhattan Medical Complex
- Address:**
  - Borough:** Manhattan
  - Street Number and Name, Rural Route (No P.O. Box, etc):** 125 Worth St
  - Apartment, Suite, Building, Floor, etc:** Lbby 1
  - City or Town:** New York
  - County:** New York
  - State:** NY
  - Zip Code:** 10013-4006
  - Country:** United States

At the bottom right of the form, there is a green button with a checkmark and the text "Verified", which is highlighted with an orange border. Next to it is a grey button with a location pin icon and the text "Verify Address".

- Click **Save**.
- If all the fields contain valid information, a **green dot** appears next to the **Place of Delivery** menu page. Continue to the **Mother/Parent Information** section.



## 7. Mother/Parent Information

1. In the **Fetal Death Registration** menu, click **Mother/Parent Information**. **Note:** The system will automatically populate the **Mother/Parent Current Legal Last Name** and **Sex** fields in the **Mother/Parent Information** form.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input type="radio"/> Fetus	<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>
<input type="radio"/> Place of Delivery	<b>Information Status:</b>
<input checked="" type="radio"/> <b>Mother/Parent Information</b>	<b>Mother/Parent Information</b>
<input type="radio"/> Mother/Parent's Address	Mother/Parent's Current Legal Name
<input type="radio"/> Father/Parent Information	<b>First*</b> <input type="text"/> <b>Middle</b> <input type="text"/>
<b>Confidential Medical Report</b>	<b>Last</b> <input type="text" value="Richards"/>
<input type="radio"/> Mother/Parent Attributes	<input type="button" value="Copy Current Legal Name"/>
<input type="radio"/> Prenatal	Mother/Parent's Name Prior to First Marriage
<input type="radio"/> Mother/Parent Health	<b>First*</b> <input type="text"/> <b>Middle</b> <input type="text"/>
<input type="radio"/> Pregnancy Factors	<b>Last*</b> <input type="text"/>
<input type="radio"/> Delivery	<b>Date Of Birth*</b> <input type="text"/> <input type="button" value="Calendar"/> <b>Age*</b> <input type="text"/>
<input type="radio"/> Fetal Attributes	<b>Sex*</b> <input type="text" value="Female"/> <input type="button" value="x"/> <input type="button" value="v"/>
<input type="radio"/> Cause/Conditions Contributing to Fetal Death	Mother's/Parent Birth Place
<input type="radio"/> Attendant/Certifier	<b>City</b> <input type="text"/> <b>State</b> <input type="text"/>
<b>Personal Information</b>	<b>Country*</b> <input type="text" value="Select one"/> <input type="button" value="v"/>
<input type="radio"/> Disposition	
<b>Other Links</b>	
Messages	
Print Forms	
Case Status History	
Registration Validations	
Request to Abandon/Void	
Comments	

2. If the **Name Prior to First Marriage** is the same as the **Legal Name**, click the **Copy Current Legal Name** button so the fields automatically populate with the name values.
3. If the mother/parent's maiden name is different than the **Current Legal Name**, type the **First, Middle** and **Last** names that the mother/parent had **Prior to First Marriage** in the corresponding fields.
4. Enter the date or click the **calendar icon** to select the **Date of Birth**. **Note:** The mother/parent's **Age** automatically populates with the number value.
5. Type the **Mother/Parent's Birthplace City** and **State**.
6. Select the **Birth Country** from the drop-down list.

### Mother/Parent Information

Mother/Parent's Current Legal Name

<b>First*</b>	<input type="text" value="Marie"/>	<b>Middle</b>	<input type="text"/>
<b>Last</b>	<input type="text" value="Richards"/>		

Mother/Parent's Name Prior to First Marriage

<b>First*</b>	<input type="text" value="Marie"/>	<b>Middle</b>	<input type="text"/>
<b>Last*</b>	<input type="text" value="Jones"/>		

<b>Date Of Birth*</b>	<input type="text" value="mar-28-1987"/>	<b>Age*</b>	<input type="text" value="30"/>
<b>Sex*</b>	<input type="text" value="Female"/>		

Mother's/Parent Birth Place

<b>City</b>	<input type="text" value="New York"/>	<b>State</b>	<input type="text" value="NY"/>
<b>Country*</b>	<input type="text" value="United States"/>		

7. Click **Save**.
8. If all the fields contain valid information, a **green dot** appears next to the **Mother/Parent Information** menu page. Continue to the **Mother/Parent's Address** section.

Fetal Death Registration	
Legal Information	
<input type="radio"/>	Fetus
<input type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information

## 8. Mother/Parent's Address

1. In the **Fetal Death Registration** menu, click **Mother/Parent's Address**.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input type="radio"/> Fetus <input type="radio"/> Place of Delivery <input type="radio"/> Mother/Parent Information <input checked="" type="radio"/> <b>Mother/Parent's Address</b> <input type="radio"/> Father/Parent Information	Case Status: <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/> Information Status: <b>Mother/Parent's Address</b>
<b>Confidential Medical Report</b>	Residence Address Street Number and Name, Rural Route (No P.O. Box, etc)*    Apartment, Suite, Building, Floor, etc <input type="text"/> <input type="text"/> City or Town    County    State <input type="text"/> <input type="text"/> <input type="text"/> Zip Code    Country* <input type="text"/> <input type="text" value="Select one"/>
<b>Personal Information</b>	Inside City Limits* <input type="text" value="Select one"/> <div style="text-align: right;"> <input type="button" value="Unverified"/>    <input type="button" value="Verify Address"/> </div>
<b>Other Links</b>	
<input type="button" value="Messages"/> <input type="button" value="Print Forms"/> <input type="button" value="Case Status History"/> <input type="button" value="Registration Validations"/> <input type="button" value="Request to Abandon/Void"/> <input type="button" value="Comments"/>	

2. Type the mother/parent's **Residence Address** into the corresponding fields.
3. Select the answer from the **Inside City Limits** drop-down list.
4. Click **Verify Address**.

**Mother/Parent's Address**

Residence Address

Street Number and Name, Rural Route (No P.O. Box, etc)\*      Apartment, Suite, Building, Floor, etc

440 E 56th St      Apt 8G

City or Town      County      State

New York      New York      NY

Zip Code      Country\*

10022-4595      United States

Inside City Limits\*

Yes

Verified      Verify Address

- 5. Click **Save**.
- 6. If all the fields contain valid information, a **green dot** appears next to the **Mother/Parent's Address** menu page. Continue to the **Father/Parent Information** section.

**Fetal Death Registration**

**Legal Information**

- Fetus
- Place of Delivery
- Mother/Parent Information
- Mother/Parent's Address

## 9. Father/Parent Information

1. In the **Fetal Death Registration** menu, click **Father/Parent Information**.
2. Select **Yes** or **No** from the **Are You Entering Father/Parent Information?** field.
  - a. If you answered **Yes**, two new sections appear in the **Fetal Death Registration** menu: **Father/Parent** and **Father/Parent Attributes**.

**Fetal Death Registration**

Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017

Place of Delivery: Clinic/Doctor's office

Case Status:

Information Status:

**Father/Parent Information**

Are You Entering Father/Parent Information?\*

Select one

Note - AOP Forms are N/A for Spontaneous Terminations

Rule ID	Message	Action Message	Override	Reason
FD0959	The value for Are you entering Father/Parent's information cannot be left blank.	Select a value for Are you entering Father/Parent's information.		

Check Duplicate

**Father/Parent Information**

Are You Entering Father/Parent Information?\*

Yes

Note - AOP Forms are N/A for Spontaneous Terminations

3. Click **Save**.

- If all the fields contain valid information, a **green dot** appears next to the **Father/Parent Information** menu page.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input type="radio"/>	Father/Parent Information
<b>Confidential Medical Report</b>	
<input type="radio"/>	Mother/Parent Attributes

- If you answered **Yes** in Step 2 and will enter father/parent information, continue to the **Father/Parent** section. If you answered **No**, continue to the **Mother/Parent Attributes** section.

## 10. Father/Parent

**Note:** To access the **Father/Parent** form you must have selected **Yes** in the **Are You Entering Father/Parent Information?** field.

1. In the **Fetal Death Registration** menu, click **Father/Parent**. **Note:** The system will automatically populate the father/parent's **Sex** in the **Father/Parent Information** form.

Fetal Death Registration		Case ID: 10276	Mother Name: Marie Richards (MRN: 649)	Event Date: Aug-11-2017
<b>Legal Information</b>		Place of Delivery: Clinic/Doctor's office		
<ul style="list-style-type: none"> <li><input type="radio"/> Fetus</li> <li><input type="radio"/> Place of Delivery</li> <li><input type="radio"/> Mother/Parent Information</li> <li><input type="radio"/> Mother/Parent's Address</li> <li><input type="radio"/> Father/Parent Information</li> <li><input checked="" type="radio"/> <b>Father/Parent</b></li> </ul>		<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>		
<b>Confidential Medical Report</b>		<b>Information Status:</b>		
<ul style="list-style-type: none"> <li><input type="radio"/> Mother/Parent Attributes</li> <li><input type="radio"/> Father/Parent Attributes</li> <li><input type="radio"/> Prenatal</li> <li><input type="radio"/> Mother/Parent Health</li> <li><input type="radio"/> Pregnancy Factors</li> <li><input type="radio"/> Delivery</li> <li><input type="radio"/> Fetal Attributes</li> <li><input type="radio"/> Cause/Conditions Contributing to Fetal Death</li> <li><input type="radio"/> Attendant/Certifier</li> </ul>		<b>Father/Parent</b>		
<b>Personal Information</b>		Father/Parent's Name Prior to First Marriage		
<ul style="list-style-type: none"> <li><input type="radio"/> Disposition</li> </ul>		<b>First Name</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	
<b>Other Links</b>		<b>Last Name*</b> <input type="text"/>	<b>Suffix</b> <input type="text" value="Select one"/>	
Messages		<b>Date of Birth*</b> <input type="text"/>	<b>Age</b> <input type="text"/>	
Print Forms		<b>Sex</b> <input type="text" value="Male"/>		
Case Status History		Father/Parent's Birthplace		
Registration Validations		<b>Birth City</b> <input type="text"/>	<b>Birth State</b> <input type="text"/>	
Request to Abandon/Void		<b>Birth Country*</b> <input type="text" value="Select one"/>		
Comments				

2. Type the **Father/Parent First, Middle and Last** names **Prior to First Marriage** in the corresponding fields.
3. Enter the date or click the **calendar icon** to select the **Date of Birth**. **Note:** The father/parent's **Age** automatically populates with the number value.
4. Type the **Father/Parent's Birthplace City** and **State** in the corresponding fields.
5. Select the **Birth Country** from the drop-down list.

**Father/Parent**

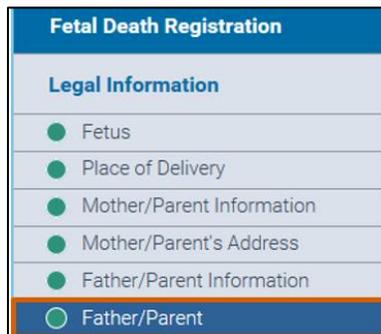
Father/Parent's Name Prior to First Marriage

<b>First Name</b>	<input type="text" value="James"/>	<b>Middle Name</b>	<input type="text"/>
<b>Last Name*</b>	<input type="text" value="Richards"/>	<b>Suffix</b>	<input type="text" value="Select one"/>
<b>Date of Birth*</b>	<input type="text" value="dec-08-1985"/>	<b>Age</b>	<input type="text" value="31"/>
<b>Sex</b>	<input type="text" value="Male"/>		

Father/Parent's Birthplace

<b>Birth City</b>	<input type="text" value="Brooklyn"/>	<b>Birth State</b>	<input type="text" value="NY"/>
<b>Birth Country*</b>	<input type="text" value="United States"/>		

6. Click **Save**.
7. If all the fields contain valid information, a **green dot** appears next to the **Father/Parent** menu page. Continue to the **Mother/Parent Attributes** section.



## 11. Mother/Parent Attributes

**Note:** You must be assigned a **Certifier Role** to complete the **Confidential Medical Report** section.

1. In the **Fetal Death Registration** menu, click **Mother/Parent Attributes**. **Note:** When the **Mother/Parent Attributes** form opens, the **Mother/Parent Medical Record** field automatically populates.

Fetal Death Registration																	
<ul style="list-style-type: none"> <li>Legal Information                             <ul style="list-style-type: none"> <li>Fetus</li> <li>Place of Delivery</li> <li>Mother/Parent Information</li> <li>Mother/Parent's Address</li> <li>Father/Parent Information</li> <li>Father/Parent</li> </ul> </li> <li>Confidential Medical Report                             <ul style="list-style-type: none"> <li><b>Mother/Parent Attributes</b></li> <li>Father/Parent Attributes</li> <li>Prenatal</li> <li>Mother/Parent Health</li> <li>Pregnancy Factors</li> <li>Delivery</li> <li>Fetal Attributes</li> <li>Cause/Conditions Contributing to Fetal Death</li> <li>Attendant/Certifier</li> </ul> </li> <li>Personal Information                             <ul style="list-style-type: none"> <li>Disposition</li> </ul> </li> <li>Other Links                             <ul style="list-style-type: none"> <li>Messages</li> <li>Print Forms</li> <li>Case Status History</li> <li>Registration Validations</li> <li>Request to Abandon/Void</li> <li>Comments</li> </ul> </li> </ul>	<p>Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017</p> <p>Place of Delivery: Clinic/Doctor's office</p> <p>Case Status: <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/></p> <p>Information Status:</p> <p><b>Mother/Parent Attributes</b></p> <p>Medical Record Number 649</p> <p>Date Last Menses Began</p> <p>Month* <input type="text" value="Select one"/> Day* <input type="text" value="Select one"/> Year* <input type="text"/></p> <p>Education</p> <p>Mother/Parent's Education* <input type="text" value="Select one"/> Was Mother/Parent Employed During Pregnancy? <input type="text" value="Select one"/></p> <p>Current/Most Recent Occupation <input type="text"/> Kind of Business or Industry <input type="text"/></p> <p>Mother/Parent Ancestry (Check one box and specify) <input type="text" value="Select one"/></p> <p>Race</p> <table border="0"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native, specify tribe</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> American Indian or Alaskan Native, specify tribe	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other	<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese																
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian																
<input type="checkbox"/> American Indian or Alaskan Native, specify tribe	<input type="checkbox"/> Native Hawaiian																
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro																
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan																
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander																
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other																
<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown																

- From the **Date Last Menses Began** section, select the **Month** and **Day** from the drop-down list.
- Enter the year in the **Year** field.
- Select the level of education from the **Mother/Parent's Education** drop-down list.
- Select **Yes** or **No** in the **Was Mother/Parent Employed During Pregnancy?** field.
- Type the mother/parent's **Current/Most Recent Occupation** and the **Kind of Business or Industry** in the corresponding fields.
- Select the **Mother/Parent Ancestry** from the drop-down list.
- Select the **Ancestry Origin** from the drop-down list.
- Select all that apply for the mother/parent's **Race**.
- Click **Save**.

**Mother/Parent Attributes**

**Medical Record Number**  
649

**Date Last Menses Began**

**Month** Dec \* v      **Day** 16 \* v      **Year** 2016

**Education**

**Mother/Parent's Education** Bachelor's degree \* v      **Was Mother/Parent Employed During Pregnancy?** Select one v

**Current/Most Recent Occupation**      **Kind of Business or Industry**

**Mother/Parent Ancestry (Check one box and specify)**  
Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) \* v

**Ancestry Origin**  
African American \* v

**Race**

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Vietnamese
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaskan Native, specify tribe	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other
<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown

11. If all the fields contain valid information, a **green dot** appears next to the **Mother/Parent Attributes** menu page. Continue to the **Father/Parent Attributes** section.

Fetal Death Registration	
Legal Information	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
Confidential Medical Report	
<input checked="" type="radio"/>	Mother/Parent Attributes

## 12. Father/Parent Attributes

**Note:** Skip this section if you are not entering father/parent information.

1. In the **Fetal Death Registration** menu, click **Father/Parent Attributes**.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input type="radio"/> Fetus	<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>
<input type="radio"/> Place of Delivery	<b>Information Status:</b>
<input type="radio"/> Mother/Parent Information	<b>Father/Parent Attributes</b>
<input type="radio"/> Mother/Parent's Address	Education
<input type="radio"/> Father/Parent Information	<b>Father/Parent's Education*</b>
<input type="radio"/> Father/Parent	<input type="text" value="Select one"/>
<b>Confidential Medical Report</b>	<b>Current/Most Recent Occupation</b> <input type="text"/>
<input type="radio"/> Mother/Parent Attributes	<b>Kind of Business or Industry</b> <input type="text"/>
<input checked="" type="radio"/> <b>Father/Parent Attributes</b>	<b>Father/Parent Ancestry (Check One Box and Specify)</b>
<input type="radio"/> Prenatal	<input type="text" value="Select one"/>
<input type="radio"/> Mother/Parent Health	<b>Race</b>
<input type="radio"/> Pregnancy Factors	<input type="checkbox"/> White
<input type="radio"/> Delivery	<input type="checkbox"/> Black or African American
<input type="radio"/> Fetal Attributes	<input type="checkbox"/> American Indian or Alaskan Native, specify tribe
<input type="radio"/> Cause/Conditions Contributing to Fetal Death	<input type="checkbox"/> Asian Indian
<input type="radio"/> Attendant/Certifier	<input type="checkbox"/> Chinese
<b>Personal Information</b>	<input type="checkbox"/> Filipino
<input type="radio"/> Disposition	<input type="checkbox"/> Japanese
<b>Other Links</b>	<input type="checkbox"/> Korean
Messages	<input type="checkbox"/> Vietnamese
Print Forms	<input type="checkbox"/> Other Asian
Case Status History	<input type="checkbox"/> Native Hawaiian
Registration Validations	<input type="checkbox"/> Guamanian or Chamorro
Request to Abandon/Void	<input type="checkbox"/> Samoan
Comments	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other
	<input type="checkbox"/> Unknown

2. Select the level of education from the **Father/Parent's Education** drop-down list.
3. Type the **Current/Most Recent Occupation** and the **Kind of Business or Industry** in the corresponding fields.
4. Select the **Father/Parent Ancestry** from the drop-down list.
5. Select the **Ancestry Origin** from the drop-down list.
6. Select all that apply for the father/parent's **Race**.

**Father/Parent Attributes**

Education

**Father/Parent's Education\***

Master's degree x v

**Current/Most Recent Occupation** **Kind of Business or Industry**

\_\_\_\_\_

**Father/Parent Ancestry (Check One Box and Specify)**

Non-Hispanic (Italian, African American, Haitian, Pakistani, Ukranian, Nigerian, Taiwanese, etc.) x v

**Ancestry Origin**

American x v

**Race**

<input checked="" type="checkbox"/> White	<input type="checkbox"/> Vietnamese
<input checked="" type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaskan Native, specify tribe	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other
<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown

7. Click **Save**.
8. If all the fields contain valid information, a **green dot** appears next to the **Father/Parent Attributes** menu page. Continue to the **Prenatal** section.

Fetal Death Registration
<b>Legal Information</b>
<input checked="" type="radio"/> Fetus
<input checked="" type="radio"/> Place of Delivery
<input checked="" type="radio"/> Mother/Parent Information
<input checked="" type="radio"/> Mother/Parent's Address
<input checked="" type="radio"/> Father/Parent Information
<input checked="" type="radio"/> Father/Parent
<b>Confidential Medical Report</b>
<input checked="" type="radio"/> Mother/Parent Attributes
<input checked="" type="radio"/> Father/Parent Attributes

## 13. Prenatal

1. In the **Fetal Death Registration** menu, click **Prenatal**.

Fetal Death Registration	
<ul style="list-style-type: none"> <li>Legal Information               <ul style="list-style-type: none"> <li>Fetus</li> <li>Place of Delivery</li> <li>Mother/Parent Information</li> <li>Mother/Parent's Address</li> <li>Father/Parent Information</li> <li>Father/Parent</li> </ul> </li> <li>Confidential Medical Report               <ul style="list-style-type: none"> <li>Mother/Parent Attributes</li> <li>Father/Parent Attributes</li> <li><b>Prenatal</b></li> <li>Mother/Parent Health</li> <li>Pregnancy Factors</li> <li>Delivery</li> <li>Fetal Attributes</li> <li>Cause/Conditions Contributing to Fetal Death</li> <li>Attendant/Certifier</li> </ul> </li> <li>Personal Information               <ul style="list-style-type: none"> <li>Disposition</li> </ul> </li> <li>Other Links               <ul style="list-style-type: none"> <li>Messages</li> <li>Print Forms</li> <li>Case Status History</li> <li>Registration Validations</li> <li>Request to Abandon/Void</li> <li>Comments</li> </ul> </li> </ul>	<p>Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017</p> <p>Place of Delivery: Clinic/Doctor's office</p> <p>Case Status: <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/></p> <p>Information Status:</p> <p><b>Prenatal</b></p> <p>Primary Payor  <input type="text" value="Select one"/></p> <p>Prenatal Care  <b>Prenatal Care Received</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>Previous Live Births  <b>Number Born Alive and Now Living</b>  <input type="text" value="Select one"/>      <b>Number Born Alive and Now Dead*</b>  <input type="text" value="Select one"/></p> <p>Total Previous Live Births  <input type="text"/></p> <p>Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies)  <b>Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies) Do Not Include this Fetus*</b>  <input type="text" value="Select one"/></p>

2. Select the **Primary Payor** from the list.
3. Select **Yes**, **No** or **Unknown** from the **Prenatal Care Received** section. If you selected **Yes**, continue to Step 4. If you selected **No** or **Unknown**, continue to Step 5.
4. If you selected **Yes**, additional fields will appear. Complete Steps 4a and b.
  - a. Enter the date or click the **calendar icon** to select the **Date of First Prenatal Care** and **Date of Last Prenatal Care**.
  - b. In the **Total Number of Prenatal Visits for This Pregnancy** field, type the corresponding number.
5. In the **Number Born Alive and Now Living** field, select the answer from the drop-down list.
6. In the **Number Born Alive and Now Dead** field, select the answer from the drop-down list.
  - a. If you selected **None** or **Unknown**, the **Total Previous Live Births** field will populate as zero (0).
  - b. If you answered one or more in Steps 5 and 6, continue to Step 7.

- c. If the answer was zero, continue to Step 8.

**Prenatal**

**Primary Payor**  
Medicaid/Family Health Plus x v

Prenatal Care

**Prenatal Care Received**  
 Yes  No  Unknown

**Date of First Prenatal Care**  
Mar-10-2017

**Date of Last Prenatal Care**  
Aug-11-2017

**Total Number of Prenatal Visits for this Pregnancy**  
6

Previous Live Births

**Number Born Alive and Now Living**  
None x v

**Number Born Alive and Now Dead**  
None x v

**Total Previous Live Births**  
0

Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies)

**Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies) Do Not Include this Fetus**  
None x v

7. Enter the dates in the **Date of First Live Birth** and **Date of Last Live Birth** fields.
8. Select the appropriate answer from the **Total Number of Other Pregnancy Outcomes** drop-down list. If the answer is none, go to Step 10.
9. Enter the date in the **Date of Last Other Pregnancy Outcome** field.

Previous Live Births

<b>Number Born Alive and Now Living</b>	<input type="text" value="1"/>	<b>Number Born Alive and Now Dead</b>	<input type="text" value="1"/>
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**Total Previous Live Births**

Date of First Live Birth

<b>Month of First Live Birth</b>	<input type="text" value="Jan"/>	<b>Year of First Live Birth</b>	<input type="text" value="2010"/>
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Date of Last Live Birth

<b>Month of Last Live Birth</b>	<input type="text" value="Dec"/>	<b>Year of Last Live Birth</b>	<input type="text" value="2012"/>
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Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies)

<b>Total Number of Other Pregnancy Outcomes (Spontaneous or Induced Losses or Ectopic Pregnancies) Do Not Include this Fetus</b>	<input type="text" value="1"/>	<b>Date of Last Other Pregnancy Outcome</b>	<input type="text" value="Jul-25-2014"/>
--	--------------------------------	---	--

- 10. Click **Save**.
- 11. If all the fields contain valid information, a **green dot** appears next to the **Prenatal** menu page. Continue to the **Mother/Parent Health** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal

## 14. Mother/Parent Health

1. In the **Fetal Death Registration** menu, click **Mother/Parent Health**.
2. Type the **Height, Pre-Pregnancy Weight** and **Weight Immediately Prior to Event** in the corresponding fields.

Fetal Death Registration	Mother/Parent Health
<b>Legal Information</b>	<b>Height (Feet/Inches)</b> <input type="text"/>
<input checked="" type="radio"/> Fetus	<b>Pre-pregnancy Weight</b> <input type="text"/>
<input checked="" type="radio"/> Place of Delivery	<b>Weight Immediately Prior to Event</b> <input type="text"/>
<input checked="" type="radio"/> Mother/Parent Information	<b>Cigarette Smoking</b>
<input checked="" type="radio"/> Mother/Parent's Address	<b>Cigarette Smoking in the 3 Months Before or During Pregnancy*</b> <input type="text" value="Select one"/>
<input checked="" type="radio"/> Father/Parent Information	<b>Alcohol Use During this Pregnancy*</b> <input type="text" value="Select one"/>
<input checked="" type="radio"/> Father/Parent	<b>Illicit and Other Drugs Used</b>
<b>Confidential Medical Report</b>	<b>Illicit and Other Drugs Used During this Pregnancy?</b> <input type="text" value="Select one"/>
<input checked="" type="radio"/> Mother/Parent Attributes	
<input checked="" type="radio"/> Father/Parent Attributes	
<input checked="" type="radio"/> Prenatal	
<input checked="" type="radio"/> <b>Mother/Parent Health</b>	
<input type="radio"/> Pregnancy Factors	
<input type="radio"/> Delivery	
<input type="radio"/> Fetal Attributes	
<input type="radio"/> Cause/Conditions Contributing to Fetal Death	
<input type="radio"/> Attendant/Certifier	
<b>Personal Information</b>	
<input type="radio"/> Disposition	
<b>Other Links</b>	
Messages	
Print Forms	
Case Status History	
Registration Validations	
Request to Abandon/Void	
Comments	

3. Select **Yes, No** or **Unknown** from the **Cigarette Smoking** drop-down list.
  - a. If you selected **Yes**, additional fields will appear. Continue to Steps 4a and b.
  - b. If you selected **No** or **Unknown**, continue to Step 5.

Cigarette Smoking

Cigarette Smoking in the 3 Months Before or During Pregnancy\*

Yes  x v

**3 Months Before Pregnancy**

Packs  x v

**Per Day**

1

**First 3 Months of Pregnancy**

Cigarettes  x v

**Per Day**

10

**Second 3 Months of Pregnancy**

Cigarettes  x v

**Per Day**

5

**Third Trimester of Pregnancy**

Cigarettes  x v

**Per Day**

1

Alcohol Use During this Pregnancy\*

Yes  x v

Illicit and Other Drugs Used

Illicit and Other Drugs Used During this Pregnancy?

Yes  x v

**Drug(s) Used**

Heroin                       Marijuana                       Anticonvulsants

Cocaine                       Sedatives                       None of the Above (Other Illicit drug(s) were used - not listed above)

Methadone                       Tranquilizers                       Unknown

Methamphetamine

4. Enter the cigarette smoking information as follows:
  - a. Select **Cigarettes** or **Packs** in the left-hand column, as applicable.
  - b. Type the number of cigarettes or packs smoked per day for each three-month period in the right-hand column.
5. Select **Yes**, **No** or **Unknown** in the **Alcohol Use During This Pregnancy** field.
6. Select **Yes**, **No** or **Unknown** in the **Illicit and Other Drugs Used During This Pregnancy** field.
  - a. If you selected **No** or **Unknown**, continue to Step 7.
  - b. If you selected **Yes**, check the appropriate boxes in the **Drugs Used** section. Then continue to Step 7.
  - c. If the drug is not listed, select **None of the Above**. Then continue to Step 7.
  - d. If the answer is not known, select **Unknown**. Then continue to Step 7.

7. Click **Save**.
8. If all the fields contain valid information, a **green dot** appears next to the **Mother/Parent Health** menu page. Continue to the **Pregnancy Factors** section.

Fetal Death Registration	
Legal Information	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
Confidential Medical Report	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal
<input checked="" type="radio"/>	Mother/Parent Health

# 15. Pregnancy Factors

1. In the **Fetal Death Registration** menu, click **Pregnancy Factors**.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input checked="" type="radio"/> Fetus <input checked="" type="radio"/> Place of Delivery <input checked="" type="radio"/> Mother/Parent Information <input checked="" type="radio"/> Mother/Parent's Address <input checked="" type="radio"/> Father/Parent Information <input checked="" type="radio"/> Father/Parent	<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/> <b>Information Status:</b>
<b>Confidential Medical Report</b>	<b>Pregnancy Factors</b>
<input checked="" type="radio"/> Mother/Parent Attributes <input checked="" type="radio"/> Father/Parent Attributes <input checked="" type="radio"/> Prenatal <input checked="" type="radio"/> Mother/Parent Health <input checked="" type="radio"/> <b>Pregnancy Factors</b> <input type="radio"/> Delivery <input type="radio"/> Fetal Attributes <input type="radio"/> Cause/Conditions Contributing to Fetal Death <input type="radio"/> Attendant/Certifier	<b>Risk Factors for this Pregnancy (Check all that apply)*</b> <input type="checkbox"/> Diabetes - Prepregnancy <input type="checkbox"/> Previous Preterm Birth <input type="checkbox"/> Mother had a previous Cesarean delivery <input type="checkbox"/> Diabetes - Gestational <input type="checkbox"/> Other previous poor pregnancy outcome <input type="checkbox"/> Other <input type="checkbox"/> Hypertension - Prepregnancy <input type="checkbox"/> Infertility treatment - fertility-enhancing drugs, artificial/intrauterine insemination <input type="checkbox"/> None <input type="checkbox"/> Hypertension - Gestational <input type="checkbox"/> Infertility Treatment - Assisted Reproductive Technology <input type="checkbox"/> Unknown <input type="checkbox"/> Hypertension - Eclampsia
<b>Personal Information</b>	<b>Infections Present and/or Treated During this Pregnancy (Check all that apply)*</b>
<input type="radio"/> Disposition  <b>Other Links</b> <input type="button" value="Messages"/> <input type="button" value="Print Forms"/> <input type="button" value="Case Status History"/> <input type="button" value="Registration Validations"/> <input type="button" value="Request to Abandon/Void"/> <input type="button" value="Comments"/>	<input type="checkbox"/> Gonorrhea <input type="checkbox"/> Rubella <input type="checkbox"/> Parvovirus <input type="checkbox"/> Herpes Simplex (HSV) <input type="checkbox"/> Bacterial Vaginosis <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Chlamydia <input type="checkbox"/> Syphilis <input type="checkbox"/> Other <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Listeria <input type="checkbox"/> Unknown <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Group B Strep <input type="checkbox"/> None <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cytomegalovirus <input type="checkbox"/> None of the above
	<input type="checkbox"/> Check Duplicate <input type="button" value="Save"/>

2. Under the **Risk Factors for Pregnancy** section, select the check boxes next to the risk factors that apply.
3. Under the **Infections Present and/or Treated During This Pregnancy** section, select the check boxes next to the infections that apply.

<b>Pregnancy Factors</b>		
<b>Risk Factors for this Pregnancy (Check all that apply)*</b>		
<input type="checkbox"/> Diabetes - Prepregnancy	<input type="checkbox"/> Previous Preterm Birth	<input type="checkbox"/> Mother had a previous Cesarean delivery
<input checked="" type="checkbox"/> Diabetes - Gestational	<input type="checkbox"/> Other previous poor pregnancy outcome	<input type="checkbox"/> Other
<input type="checkbox"/> Hypertension - Prepregnancy	<input type="checkbox"/> Infertility treatment - fertility-enhancing drugs, artificial/intrauterine insemination	<input type="checkbox"/> None
<input type="checkbox"/> Hypertension - Gestational	<input type="checkbox"/> Infertility Treatment - Assisted Reproductive Technology	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hypertension - Eclampsia		
<b>Infections Present and/or Treated During this Pregnancy (Check all that apply)*</b>		
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Rubella	<input checked="" type="checkbox"/> Parvovirus
<input type="checkbox"/> Herpes Simplex (HSV)	<input type="checkbox"/> Bacterial Vaginosis	<input type="checkbox"/> Toxoplasmosis
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Other
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Listeria	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Group B Strep	<input type="checkbox"/> None
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Cytomegalovirus	<input type="checkbox"/> None of the above

4. Click **Save**.
5. If all the fields contain valid information, a **green dot** appears next to the **Pregnancy Factors** menu page. Continue to the **Delivery** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal
<input checked="" type="radio"/>	Mother/Parent Health
<input type="radio"/>	Pregnancy Factors

## 16. Delivery

1. In the **Fetal Death Registration** menu, click **Delivery**.

Fetal Death Registration																
<ul style="list-style-type: none"> <li>Legal Information               <ul style="list-style-type: none"> <li>Fetus</li> <li>Place of Delivery</li> <li>Mother/Parent Information</li> <li>Mother/Parent's Address</li> <li>Father/Parent Information</li> <li>Father/Parent</li> </ul> </li> <li>Confidential Medical Report               <ul style="list-style-type: none"> <li>Mother/Parent Attributes</li> <li>Father/Parent Attributes</li> <li>Prenatal</li> <li>Mother/Parent Health</li> <li>Pregnancy Factors</li> <li><b>Delivery</b></li> <li>Fetal Attributes</li> <li>Cause/Conditions Contributing to Fetal Death</li> <li>Attendant/Certifier</li> </ul> </li> <li>Personal Information               <ul style="list-style-type: none"> <li>Disposition</li> </ul> </li> <li>Other Links               <ul style="list-style-type: none"> <li>Messages</li> <li>Print Forms</li> <li>Case Status History</li> <li>Registration Validations</li> <li>Request to Abandon/Void</li> <li>Comments</li> </ul> </li> </ul>	<p>Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017</p> <p>Place of Delivery: Clinic/Doctor's office</p> <p>Case Status: <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/></p> <p>Information Status:</p> <p><b>Delivery</b></p> <p>Method of Delivery</p> <p>Was Delivery With Forceps Attempted but Unsuccessful?*  <input type="text" value="Select one"/></p> <p>Was Delivery with Vacuum Extraction Attempted but Unsuccessful?*  <input type="text" value="Select one"/></p> <p>Fetal Presentation at Delivery*  <input type="text" value="Select one"/></p> <p>Final Route and Method of Delivery*  <input type="text" value="Select one"/></p> <p>Hysterotomy/Hysterectomy*  <input type="text" value="Select one"/></p> <p>Maternal Morbidity</p> <p>Maternal Morbidity (Check all that apply)*</p> <table border="0"> <tr> <td><input type="checkbox"/> Maternal transfusion</td> <td><input type="checkbox"/> Unplanned operating room procedure following delivery</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Third or fourth degree perineal laceration</td> <td><input type="checkbox"/> Hemorrhage</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Ruptured uterus</td> <td><input type="checkbox"/> Postpartum Transfer to a higher level of care</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Unplanned hysterectomy</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Admission to intensive care unit</td> <td></td> <td></td> </tr> </table> <p>Was Mother Transferred for Maternal Medicine or Fetal Indication Prior to Delivery?*</p> <input type="text" value="Select one"/>	<input type="checkbox"/> Maternal transfusion	<input type="checkbox"/> Unplanned operating room procedure following delivery	<input type="checkbox"/> Other	<input type="checkbox"/> Third or fourth degree perineal laceration	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> None of the above	<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Postpartum Transfer to a higher level of care	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unplanned hysterectomy			<input type="checkbox"/> Admission to intensive care unit		
<input type="checkbox"/> Maternal transfusion	<input type="checkbox"/> Unplanned operating room procedure following delivery	<input type="checkbox"/> Other														
<input type="checkbox"/> Third or fourth degree perineal laceration	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> None of the above														
<input type="checkbox"/> Ruptured uterus	<input type="checkbox"/> Postpartum Transfer to a higher level of care	<input type="checkbox"/> Unknown														
<input type="checkbox"/> Unplanned hysterectomy																
<input type="checkbox"/> Admission to intensive care unit																

2. Under the **Method of Delivery** section, select the appropriate answers in Steps 2a, b, c, d and e.
  - a. **Was Delivery with Forceps Attempted but Unsuccessful?**
  - b. **Was Delivery with Vacuum Extraction Attempted but Unsuccessful?**
  - c. **Fetal Presentation at Delivery**
  - d. **Final Route and Method of Delivery**
  - e. **Hysterotomy/Hysterectomy**
3. Under the **Maternal Morbidity** section, select the check boxes for the answers that apply.
4. Select the answer in the **Was Mother Transferred for Maternal Medicine or Fetal Indication Prior to Delivery?** field.
5. Click the **Look Up** button to select the **Mother Transfer Facility**.

**Delivery**

Method of Delivery

**Was Delivery With Forceps Attempted but Unsuccessful?\***  
Forceps were not used x v

**Was Delivery with Vacuum Extraction Attempted but Unsuccessful?\***  
Vacuum Extraction was not used x v

**Fetal Presentation at Delivery\***  
Cephalic x v

**Final Route and Method of Delivery\***  
Vaginal/Spontaneous x v

**Vaginal Delivery After Previous Cesarean?**  
No x v

**Hysterotomy/Hysterectomy\***  
Yes x v

Maternal Morbidity

**Maternal Morbidity (Check all that apply)\***

<input type="checkbox"/> Maternal transfusion	<input type="checkbox"/> Unplanned operating room procedure following delivery	<input type="checkbox"/> Other
<input type="checkbox"/> Third or fourth degree perineal laceration	<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> None of the above
<input type="checkbox"/> Ruptured uterus	<input checked="" type="checkbox"/> Postpartum Transfer to a higher level of care	<input type="checkbox"/> Unknown
<input type="checkbox"/> Unplanned hysterectomy		
<input type="checkbox"/> Admission to intensive care unit		

**Was Mother Transferred for Maternal Medicine or Fetal Indication Prior to Delivery?\***  
Yes x v

**Mother Transfer Facility**  
Brooklyn Hospital Center

6. Click **Save**.
7. If all the fields contain valid information, a **green dot** appears next to the **Delivery** menu page. Continue to the **Fetal Attributes** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal
<input checked="" type="radio"/>	Mother/Parent Health
<input checked="" type="radio"/>	Pregnancy Factors
<input type="radio"/>	Delivery

# 17. Fetal Attributes

1. In the **Fetal Death Registration** menu, click **Fetal Attributes**.

**Fetal Death Registration**

Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017

Place of Delivery: Clinic/Doctor's office

Case Status:

Information Status:

**Fetal Attributes**

Weight of Fetus (Pounds)      Weight of Fetus (Ounces)      Weight of Fetus (OR Grams)

**Congenital Anomalies (Check all that apply)\***

<input type="checkbox"/> Anencephaly	<input type="checkbox"/> Cleft lip with or without cleft palate	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Confirmed
<input type="checkbox"/> Meningomyelocele/spina bifida	<input type="checkbox"/> Cleft palate alone	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Pending
<input type="checkbox"/> Cyanotic congenital heart disease	<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Hypospadias
<input type="checkbox"/> Congenital diaphragmatic hernia	<input type="checkbox"/> Down syndrome Karyotype confirmed	<input type="checkbox"/> Other
<input type="checkbox"/> Omphalocele	<input type="checkbox"/> Down syndrome Karyotype pending	<input type="checkbox"/> None
<input type="checkbox"/> Gastroschisis	<input type="checkbox"/> Suspected Chromosomal Disorder	<input type="checkbox"/> Unknown
<input type="checkbox"/> Limb reduction defect		

**What is Estimated Time of Fetal Death?\***      **Was Autopsy Performed?\***

**Was a Histological Placental Examination Performed?\***      **Was an Autopsy or Histological Placental Examination Used in determining Cause of Fetal Death?\***

Check Duplicate

- Type the weights in the **Weight of Fetus (Pounds)** and **Weight of Fetus (Ounces)** fields. **Note:** The **Weight of Fetus (OR Grams)** field will automatically populate.
- Under **Congenital Anomalies**, select the check boxes for all that apply.
- Select the answers in the **What Is Estimated Time of Fetal Death?** and **Was Autopsy Performed?** fields.
- Select the answers in the **Was a Histological Placental Examination Performed?** and **Was an Autopsy or Histological Placental Examination used in Determining Cause of Fetal Death?** fields.

**Fetal Attributes**

<b>Weight of Fetus (Pounds)</b>	<b>Weight of Fetus (Ounces)</b>	<b>Weight of Fetus (OR Grams)</b>
<input type="text" value="7"/>	<input type="text" value="11"/>	<input type="text" value="3487"/>

**Congenital Anomalies (Check all that apply)**

<input type="checkbox"/> Anencephaly	<input type="checkbox"/> Cleft lip with or without cleft palate	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Confirmed
<input type="checkbox"/> Meningomyelocele/spina bifida	<input type="checkbox"/> Cleft palate alone	<input type="checkbox"/> Suspected Chromosomal Disorder Karyotype Pending
<input type="checkbox"/> Cyanotic congenital heart disease	<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Hypospadias
<input type="checkbox"/> Congenital diaphragmatic hernia	<input type="checkbox"/> Down syndrome Karyotype confirmed	<input type="checkbox"/> Other
<input type="checkbox"/> Omphalocele	<input type="checkbox"/> Down syndrome Karyotype pending	<input type="checkbox"/> None
<input type="checkbox"/> Gastroschisis	<input type="checkbox"/> Suspected Chromosomal Disorder	<input checked="" type="checkbox"/> Unknown
<input type="checkbox"/> Limb reduction defect		

<b>What is Estimated Time of Fetal Death?</b>	<b>Was Autopsy Performed?</b>
<input type="text" value="Dead at time of first assessment, no labor ongoing"/>	<input type="text" value="Yes"/>
<b>Was a Histological Placental Examination Performed?</b>	<b>Was an Autopsy or Histological Placental Examination Used in determining Cause of Fetal Death?</b>
<input type="text" value="Yes"/>	<input type="text" value="Yes"/>

- Click **Save**.
- If all the fields contain valid information, a **green dot** appears next to the **Fetal Attributes** menu page. Continue to the **Cause/Conditions Contributing to Fetal Death** section.

**Fetal Death Registration**

**Legal Information**

- Fetus
- Place of Delivery
- Mother/Parent Information
- Mother/Parent's Address
- Father/Parent Information
- Father/Parent

**Confidential Medical Report**

- Mother/Parent Attributes
- Father/Parent Attributes
- Prenatal
- Mother/Parent Health
- Pregnancy Factors
- Delivery
- Fetal Attributes**

## 18. Cause/Conditions Contributing to Fetal Death

1. In the **Fetal Death Registration** menu, click **Cause/Conditions Contributing to Fetal Death**.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input type="radio"/> Fetus	<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>
<input type="radio"/> Place of Delivery	<b>Information Status:</b>
<input type="radio"/> Mother/Parent Information	<b>Cause/Conditions Contributing to Fetal Death</b>
<input type="radio"/> Mother/Parent's Address	Initiating Cause/Condition
<input type="radio"/> Father/Parent Information	Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the Fetus.
<input type="radio"/> Father/Parent	<b>Maternal Conditions/Diseases (specify)</b>
<b>Confidential Medical Report</b>	<input type="text"/>
<input type="radio"/> Mother/Parent Attributes	<b>Complications of Placenta, Cord or Membranes</b>
<input type="radio"/> Father/Parent Attributes	<input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Chorioamnionitis
<input type="radio"/> Prenatal	<input type="checkbox"/> Abruption placenta <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Other (Specify)
<input type="radio"/> Mother/Parent Health	<b>Other Obstetrical or Pregnancy Complications (Specify)</b>
<input type="radio"/> Pregnancy Factors	<input type="text"/>
<input type="radio"/> Delivery	<b>Fetal Anomaly (Specify)</b>
<input type="radio"/> Fetal Attributes	<input type="text"/>
<input checked="" type="radio"/> <b>Cause/Conditions Contributing to Fetal Death</b>	<b>Fetal Injury (Specify) Please Consult With OCME.</b>
<input type="radio"/> Attendant/Certifier	<input type="text"/>
<b>Personal Information</b>	<b>Fetal Infection (Specify)</b>
<input type="radio"/> Disposition	<input type="text"/>
<b>Other Links</b>	<b>Other Fetal Conditions/Disorders (Specify)</b>
Messages	<input type="text"/>
Print Forms	<input type="checkbox"/> Unknown
Case Status History	
Registration Validations	
Request to Abandon/Void	
Comments	

- 2. You can only select one **Initiating Cause/Condition**. You have the choice to type only one answer in the **Maternal Conditions/Diseases** text box or select only one check box in the **Complications of Placenta, Cord or Membranes** section.

**Cause/Conditions Contributing to Fetal Death**

Initiating Cause/Condition

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

**Maternal Conditions/Diseases (specify)**

**Complications of Placenta, Cord or Membranes**

Rupture of membranes prior to onset of labor       Placental insufficiency       Chorioamnionitis

Abruptio placenta       Prolapsed cord       Other (Specify)

**Other Obstetrical or Pregnancy Complications (Specify)**

**Fetal Anomaly (Specify)**

**Fetal Injury (Specify) Please Consult With OCME.**

**Fetal Infection (Specify)**

**Other Fetal Conditions/Disorders (Specify)**

Unknown

3. To add other conditions that contributed to fetal death, go to the **Other Significant Causes or Conditions** section.
4. If you selected **Other (Specify)**, type the findings in the corresponding fields.
5. If appropriate, add the conditions to the **Fetal Infection** and **Other Fetal Conditions/Disorders** fields. **Note:** These fields are not required and will remain blank if not manually filled.

Other Significant Causes or Conditions (Select or Specify All Other Conditions Contributing to Death)

**Maternal Conditions/Diseases (Specify)**

**Complications of Placenta, Cord or Membranes**

Rupture of membranes prior to onset of labor    
  Placental insufficiency    
  Chorioamnionitis  
 Abruptio placenta    
  Prolapsed cord    
  Other (Specify)

**Other Obstetrical or Pregnancy Complications (Specify)**

**Fetal Anomaly (Specify)**

**Fetal Injury (Specify) Please Consult With OCME.**

**Fetal Infection (Specify)**

**Other Fetal Conditions/Disorders (Specify)**

Unknown

6. Select the appropriate answer from the **Was Case Referred to the OCME?** drop-down list.
7. If you selected **Yes**, complete the **ME Case Number** field.
8. Select **Search Medical Examiners** to complete the **Case Reviewed at OCME by:** section if applicable.
9. For non-reportable cases, select the **Non-Reportable Death** check box.

**Was Case Referred to the OCME?** **ME Case Number**

Yes M-08-5789759

Non-Reportable Death

Case Reviewed at OCME by:

**First** **Middle**

**Last** **Suffix**

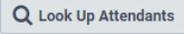
10. Click **Save**.
11. If all the fields contain valid information, a **green dot** appears next to the **Cause/Conditions Contributing to Fetal Death** menu page. Continue to the **Attendant/Certifier** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal
<input checked="" type="radio"/>	Mother/Parent Health
<input checked="" type="radio"/>	Pregnancy Factors
<input checked="" type="radio"/>	Delivery
<input checked="" type="radio"/>	Fetal Attributes
<input type="radio"/>	Cause/Conditions Contributing to Fetal Death

## 19. Attendant/Certifier

1. In the **Fetal Death Registration** menu, click **Attendant/Certifier**.

Fetal Death Registration		Case ID: 10276	Mother Name: Marie Richards (MRN: 649)	Event Date: Aug-11-2017
<b>Legal Information</b>		Place of Delivery: Clinic/Doctor's office		
<input type="radio"/> Fetus <input type="radio"/> Place of Delivery <input type="radio"/> Mother/Parent Information <input type="radio"/> Mother/Parent's Address <input type="radio"/> Father/Parent Information <input type="radio"/> Father/Parent		<b>Case Status:</b> <input type="button" value="Medical Pending"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>		
<b>Confidential Medical Report</b>		<b>Information Status:</b>		
<input type="radio"/> Mother/Parent Attributes <input type="radio"/> Father/Parent Attributes <input type="radio"/> Prenatal <input type="radio"/> Mother/Parent Health <input type="radio"/> Pregnancy Factors <input type="radio"/> Delivery <input type="radio"/> Fetal Attributes <input type="radio"/> Cause/Conditions Contributing to Fetal Death		<b>Attendant/Certifier</b>		
<b>Attendant/Certifier</b>		Attendant at Delivery		
<b>Personal Information</b>		<input type="button" value="Look Up Attendants"/>		
<input type="radio"/> Disposition		Attendant Name		
<b>Other Links</b>		<b>First</b> <input type="text" value="Arlene"/> <b>Middle</b> <input type="text"/>		
Messages		<b>Last*</b> <input type="text" value="Cobeo"/> <b>Suffix</b> <input type="text" value="Select one"/>		
Print Forms		<b>Attendant's Title</b> <input type="text" value="MD"/>		
Case Status History		<b>Certifier</b> <input checked="" type="checkbox"/> Same as Attendant (MD or DO Only)		
Registration Validations		<input type="button" value="Look Up Certifier"/>		
Request to Abandon/Void		<b>First*</b> <input type="text" value="Arlene"/> <b>Middle</b> <input type="text"/>		
Comments		<b>Last*</b> <input type="text" value="Cobeo"/> <b>Suffix</b> <input type="text"/>		
		<b>Title*</b> <input type="text" value="MD"/> <b>Certifier License Number</b> <input type="text"/>		

2. Type the attendant's **First, Middle** and **Last** names (and **Suffix**, if applicable) into the corresponding fields, or click the **Look Up Attendants** button (  ) to find the attendant's name. **Note:** The **Suffix** field is not required.
3. Type the first three characters of the attendant's last name followed by a percent sign (%). **Note:** The percent sign (%) can be used as a wildcard, substituting for any character(s) at the beginning or end of names.
4. Type the first three characters of the attendant's first name followed by a percent sign (%).
5. Click **Search**. The results will appear in the bottom of the **Attendant Lookup** window.
6. Click **Select**.



The screenshot shows the 'Attendant Lookup' window. At the top, there are two input fields: 'Last Name\*' with the value 'Cob%' and 'First Name' with the value 'Arl%'. To the right of these fields is a 'Search' button. Below the input fields is a table with the following data:

Last Name	First Name	Title	
eVital	User	MD	Select

At the bottom right of the window is a 'Cancel' button.

7. Select the attendant **Title** from the drop-down list.
8. If the attendant is the certifier, select the check box marked **Same as Attendant** and continue to Step 8a. If you do not select this check box, complete Step 8b.
  - a. If the attendant is the certifier, the **Last Name, First Name** and **Title** (and **Suffix**, if applicable) fields will automatically populate.
  - b. If the certifier and attendant are different, click the **Look Up Certifier** button to find the certifier's name, title, suffix, license number and address.



The screenshot shows the 'Certifier Lookup' window. At the top, there are two input fields: 'Last Name\*' with the value 'Tal%' and 'First Name' which is empty. To the right of these fields is a 'Search' button. Below the input fields is a table with the following data:

Last Name	First Name	Title	License Number	
eVital	User	MD	F1271397877	Select

At the bottom right of the window is a 'Cancel' button.

**Attendant/Certifier**

Attendant at Delivery

Look Up Attendants

Attendant Name

**First**  
Arlene

**Middle**

**Last**  
Cobeco

**Suffix**  
Select one

**Attendant's Title**  
MD

---

**Certifier**

Same as Attendant (MD or DO Only)

Look Up Certifier

**First**  
Guy

**Middle**

**Last**  
Talley

**Suffix**

**Title**  
MD

**Certifier License Number**  
F1271397877

**Certifier Address**

**Street Number and Name, Rural Route (No P.O. Box, etc)**  
310 E 14th St

**Apartment, Suite, Building, Floor, etc**

**City or Town**  
New York

**State**  
NY

**Zip Code**  
10003-4201

**Country**  
United States

**Date Certified**

- 9. Click **Save**.
- 10. If all the fields contain valid information, a **green dot** appears next to the **Attendant/Certifier** menu page. **Note:** If the medical institution is responsible for the disposition permit, continue to the **Disposition** section.

Fetal Death Registration	
<b>Legal Information</b>	
<input checked="" type="radio"/>	Fetus
<input checked="" type="radio"/>	Place of Delivery
<input checked="" type="radio"/>	Mother/Parent Information
<input checked="" type="radio"/>	Mother/Parent's Address
<input checked="" type="radio"/>	Father/Parent Information
<input checked="" type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input checked="" type="radio"/>	Mother/Parent Attributes
<input checked="" type="radio"/>	Father/Parent Attributes
<input checked="" type="radio"/>	Prenatal
<input checked="" type="radio"/>	Mother/Parent Health
<input checked="" type="radio"/>	Pregnancy Factors
<input checked="" type="radio"/>	Delivery
<input checked="" type="radio"/>	Fetal Attributes
<input checked="" type="radio"/>	Cause/Conditions Contributing to Fetal Death
<input checked="" type="radio"/>	<b>Attendant/Certifier</b>

## 20. Disposition

**Note:** For private burials, the funeral home will pick up the electronic **Fetal Death Registration** case and complete the disposition information.

1. In the **Fetal Death Registration** menu, click **Disposition**.

<b>Fetal Death Registration</b>	Case ID: 10276    Mother Name: Marie Richards (MRN: 649)    Event Date: Aug-11-2017
<b>Legal Information</b>	Place of Delivery: Clinic/Doctor's office
<input type="radio"/> Fetus	<b>Case Status:</b> <input type="button" value="Medical Valid"/> <input type="button" value="Disposition Pending"/> <input type="button" value="Uncertified"/> <input type="button" value="Unsigned"/> <input type="button" value="Unregistered"/>
<input type="radio"/> Place of Delivery	<b>Information Status:</b>
<input type="radio"/> Mother/Parent Information	<b>Disposition</b>
<input type="radio"/> Mother/Parent's Address	<b>Method of Disposition*</b>
<input type="radio"/> Father/Parent Information	<input type="text" value="Select one"/>
<input type="radio"/> Father/Parent	<b>Disposition Date Known</b> <b>Date of Disposition</b>
<b>Confidential Medical Report</b>	<input type="text" value="Known"/> <input type="text"/>
<input type="radio"/> Mother/Parent Attributes	<b>Place of Disposition</b>
<input type="radio"/> Father/Parent Attributes	<b>Place of Disposition*</b>
<input type="radio"/> Prenatal	<input type="text"/>
<input type="radio"/> Mother/Parent Health	<input type="button" value="Place of Disposition Look up"/>
<input type="radio"/> Pregnancy Factors	<b>City or Town*</b> <b>State*</b> <b>Country*</b>
<input type="radio"/> Delivery	<input type="text"/> <input type="text"/> <input type="text" value="Select one"/>
<input type="radio"/> Fetal Attributes	<b>Funeral Director</b>
<input type="radio"/> Cause/Conditions Contributing to Fetal Death	<b>License Number</b>
<input type="radio"/> Attendant/Certifier	<input type="text"/>
<b>Personal Information</b>	<b>First</b> <b>Middle</b>
<input checked="" type="radio"/> Disposition	<input type="text"/> <input type="text"/>
<b>Other Links</b>	<b>Last</b> <b>Suffix</b>
<input type="button" value="Messages"/>	<input type="text"/> <input type="text" value="Select one"/>
<input type="button" value="Print Forms"/>	
<input type="button" value="Case Status History"/>	
<input type="button" value="Registration Validations"/>	
<input type="button" value="Request to Abandon/Void"/>	
<input type="button" value="Comments"/>	

2. From the **Method of Disposition** drop-down list, select **Interim** or **City Burial (Potter’s Field)**.
  - a. If you selected **Interim**, additional fields will appear. Continue to step 3.
  - b. If you selected **City Burial**, continue to Step 4.
3. If you selected **Interim**, enter the date in the **Interim Disposition Date** field. Complete Step 3a.
  - a. From the **Interim Within** field, select the answer from the drop-down list.
4. Select **Known** or **Unknown** in the **Disposal Date Known** field.
  - a. If you selected **Known**, complete Step 4b.
  - b. Enter the date or click the **calendar icon** in the **Date of Disposition** field.
  - c. If you selected **Unknown**, continue to Step 5.
5. Complete the **Place of Disposition** field or click the **Place of Disposition Look Up** button to search for the facility name. Complete the **Place of Disposition Address** and **Country** fields. **Note:** In this scenario, “City Cemetery at Hart Island” is the place of disposition.

**Disposition**

**Method of Disposition\***

Select one ^

Interim

Other

**City Burial (Potter's Field)**

**Place of Disposition\***

Place of Disposition Look up

**City or Town\***      **State\***      **Country\***

Select one v

6. Complete the funeral director's **License Number** field.
7. Type the funeral director's **First, Middle** and **Last** names (and **Suffix**, if applicable). **Note:** In this scenario, "Jason Graham" is the funeral director.
8. Complete the funeral home **Name** and **Business Registration Number** fields. **Note:** In this scenario, "City Funeral Home" is the funeral home.
9. Complete the funeral home address and **Country** fields.
10. Click **Verify Address**.

Place of Disposition

Place of Disposition\*

City Cemetery At Hart Island Place of Disposition Look up

City or Town\* State\* Country\*

Bronx New York United States

Funeral Director

License Number

First Middle

Jason

Last Suffix

Graham Select one

Funeral Home

Name

City Funeral Home

Business Registration Number

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

- 11. On the **Individual Authorizing Disposition** page, the **First**, **Middle**, and **Last** name fields (and **Suffix**, if applicable) automatically populate with the information for the person authorizing the disposition. The authorizer is usually the mother or other family member.
- 12. The mother’s information automatically populates the **Relationship to Fetus** field.
- 13. The authorizer’s information automatically populates the authorizer address fields and is verified.
- 14. Click **Save**.

Individual Authorizing Disposition

Authorizer Name

<b>First</b>	<input type="text" value="Marie"/>	<b>Middle</b>	<input type="text"/>
<b>Last*</b>	<input type="text" value="Richards"/>	<b>Suffix</b>	<input type="text" value="Select one"/>

**Relationship to Fetus?**

Authorizer Address

<b>Street Number and Name, Rural Route (No P.O. Box, etc)*</b>	<input type="text" value="440 E 56th St"/>	<b>Apartment, Suite, Building, Floor, etc</b>	<input type="text" value="Apt 8G"/>
<b>City or Town*</b>	<input type="text" value="New York"/>	<b>State*</b>	<input type="text" value="NY"/>
<b>Zip Code</b>	<input type="text" value="10022-4595"/>	<b>Country</b>	<input type="text" value="United States"/>

15. If all the fields contain valid information a **green dot** appears next to the **Disposition** menu page. Continue to the **Certify** menu page located under the **Medical Report** section.

The image shows a vertical menu titled "Fetal Death Registration" with a blue header. The menu is organized into three sections: "Legal Information", "Confidential Medical Report", and "Personal Information". Each section contains a list of items, each preceded by a green dot. The "Disposition" item under "Personal Information" is highlighted with a blue background and an orange border.

Fetal Death Registration	
<b>Legal Information</b>	
<input type="radio"/>	Fetus
<input type="radio"/>	Place of Delivery
<input type="radio"/>	Mother/Parent Information
<input type="radio"/>	Mother/Parent Address
<input type="radio"/>	Father/Parent Information
<input type="radio"/>	Father/Parent
<b>Confidential Medical Report</b>	
<input type="radio"/>	Mother/Parent Attributes
<input type="radio"/>	Father/Parent Attributes
<input type="radio"/>	Prenatal
<input type="radio"/>	Mother/Parent Health
<input type="radio"/>	Pregnancy Factors
<input type="radio"/>	Delivery
<input type="radio"/>	Fetal Attributes
<input type="radio"/>	Cause and Conditions Contributing to Fetal Death
<input type="radio"/>	Attendant/Certifier
<b>Personal Information</b>	
<input type="radio"/>	Disposition

## 21. Certify

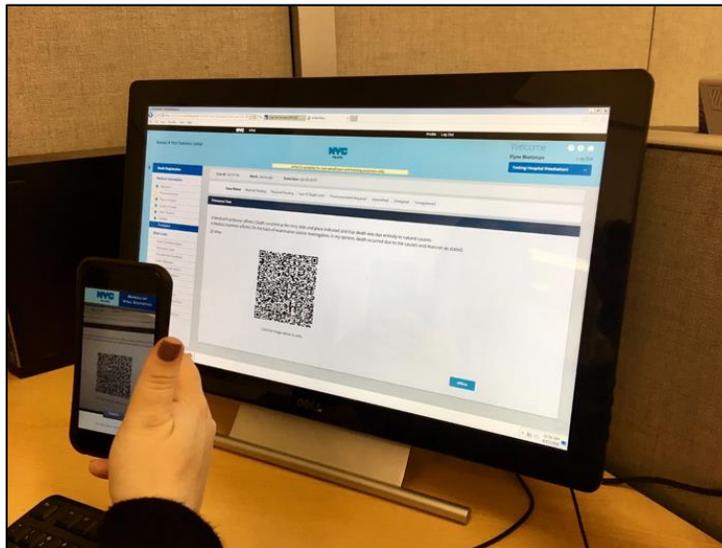
1. In the **Fetal Death Registration** menu, click **Certify**.
2. Select the **Affirm** check box to state that the information you (the certifier) entered is true to the best of your knowledge. **Note:** After you select the **Affirm** check box, the Quick Response (QR) code appears.

The screenshot displays the 'Fetal Death Registration' interface. The top header shows 'Case ID: 10276', 'Name: Marie Richards (MRN: 649)', and 'Event Date: Aug-11-2017'. Below this, the 'Case Status' is 'Medical Valid | Disposition Valid with Exceptions | Certification Required | Signature Required | Unregistered'. The main section is titled 'Certify Case' and contains the text: '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.' Below this text is a checked checkbox labeled 'Affirm'. A QR code is displayed in the center, with the instruction 'Click the image above to retry' underneath it. On the right side, there is a blue button labeled 'Affirm'. The left sidebar is titled 'Fetal Death Registration' and includes sections for 'Legal Information', 'Confidential Medical Report', 'Personal Information', and 'Other Links'. The 'Certify' option is highlighted in the sidebar.

- From your mobile device, tap the **Quick Response Code** button to start the camera.

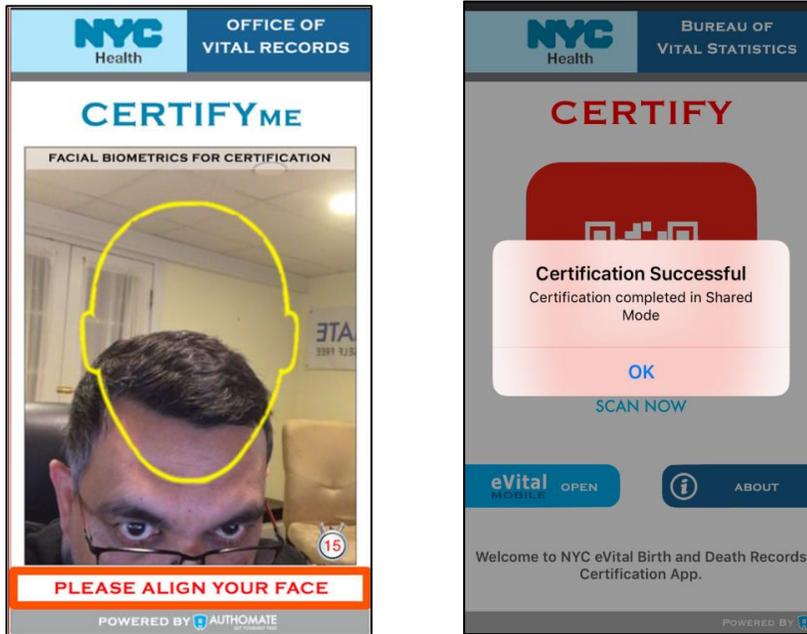


- To synchronize your identity, point your mobile device camera to the QR code on your computer monitor and hold the mobile device steady until it scans the QR code.



- When the certification screen appears, align your face inside the **yellow frame**. When your image has been registered, you will receive two **messages** on your mobile device: “Certifying User...Please Wait” (first message) and “Certification Successful Certification Completed” (second message). Tap **OK** on your mobile device.

**Note:** There is a one-hour hold before registration is final.

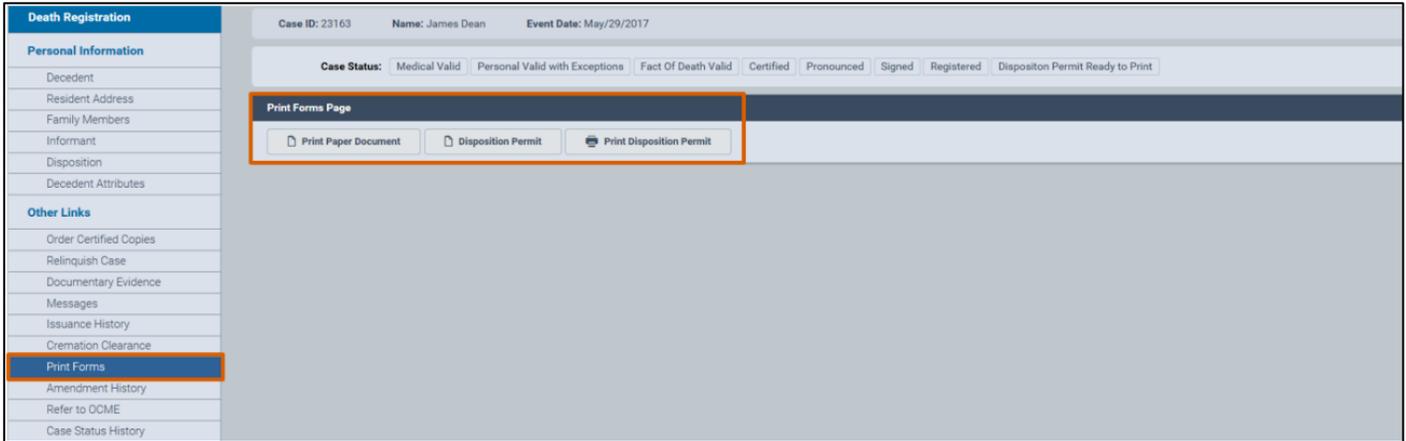


- View the **Case Status** section to confirm that you successfully submitted and signed the case/event.
- To make modifications to the case, click the **Unaffirm** button, make any necessary changes to the case and recertify the case.

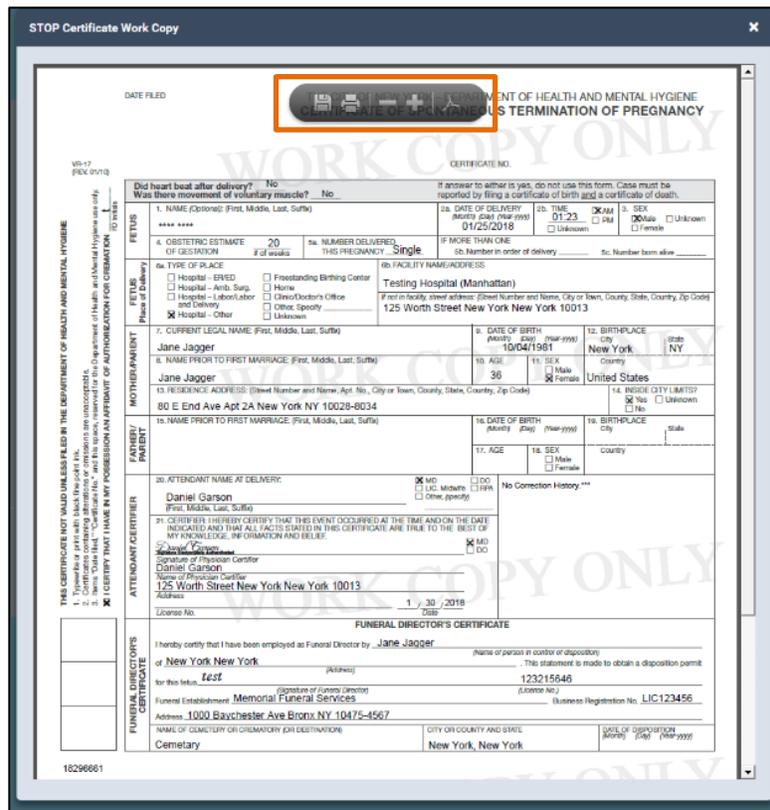


## 22. Print Forms

1. In the **Death Registration – Other Links** menu, click **Print Forms**.
2. From the **Print Forms** form, click the **Print Disposition Permit** button to print the disposition permit form.



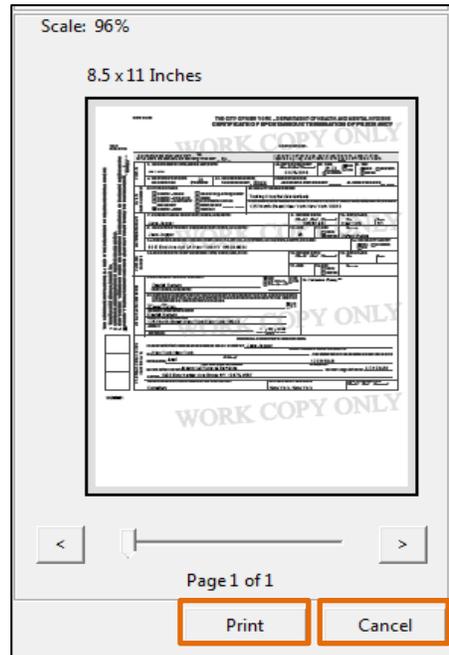
3. An image of the disposition permit appears. Hover your mouse pointer over the image of the permit. A menu with icons will appear at the top of the image.



4. Click the **print icon**.



5. After the **print dialog box** opens, click **Print** to print the form.
6. If you do not wish to print the form, click **Cancel**.



## 23. Case Messages

1. Select the **Messages** tab to see the **Messages** page. You can view any messages about the case from this tab.

The screenshot displays the 'Fetal Death Registration' interface. On the left is a sidebar with navigation categories: 'Legal Information' (Fetus, Place of Delivery, Mother/Parent Information, Mother/Parent's Address, Father/Parent Information), 'Confidential Medical Report' (Mother/Parent Attributes, Prenatal, Mother/Parent Health, Pregnancy Factors, Delivery, Fetal Attributes, Cause/Conditions Contributing to Fetal Death, Attendant/Certifier, Certify), and 'Other Links' (Case Messages, Print Forms, Case Status History, Registration Validations, Request to Abandon/Void, Comments). The 'Case Messages' link is highlighted with an orange box.

The main content area shows case details: Case ID: 18295661, Name: Jane Jagger (MRN: 123), Event Date: Jan-25-2018. Below this are 'Case Status' buttons: Medical Valid With Exceptions, Disposition Valid, Certified, Signature Required, and Unregistered.

The 'Messages' section is highlighted with an orange border and contains a table with the following data:

Sender	Subject	Body	Sent Date	Attachments
evitalsystem@health.nyc.gov	Disposition for Case ID 18295661 has not been claimed	Disposition for Case ID 18295661 has not been claimed. Claim ownership for disposition to register case.	Jan/30/2018	

A 'Return' button is located at the bottom right of the messages section.

## 24. Case Status History

1. Select the **Case Status History** tab.
2. The **Case Status History** page shows the entire history of a case, including **Edits** and **Signatures**, as well as who entered the case information, the time and date they entered it, and their location.

Case ID: 18296661    Name: Jane Jagger (MIRN: 123)    Event Date: Jan 29 2018

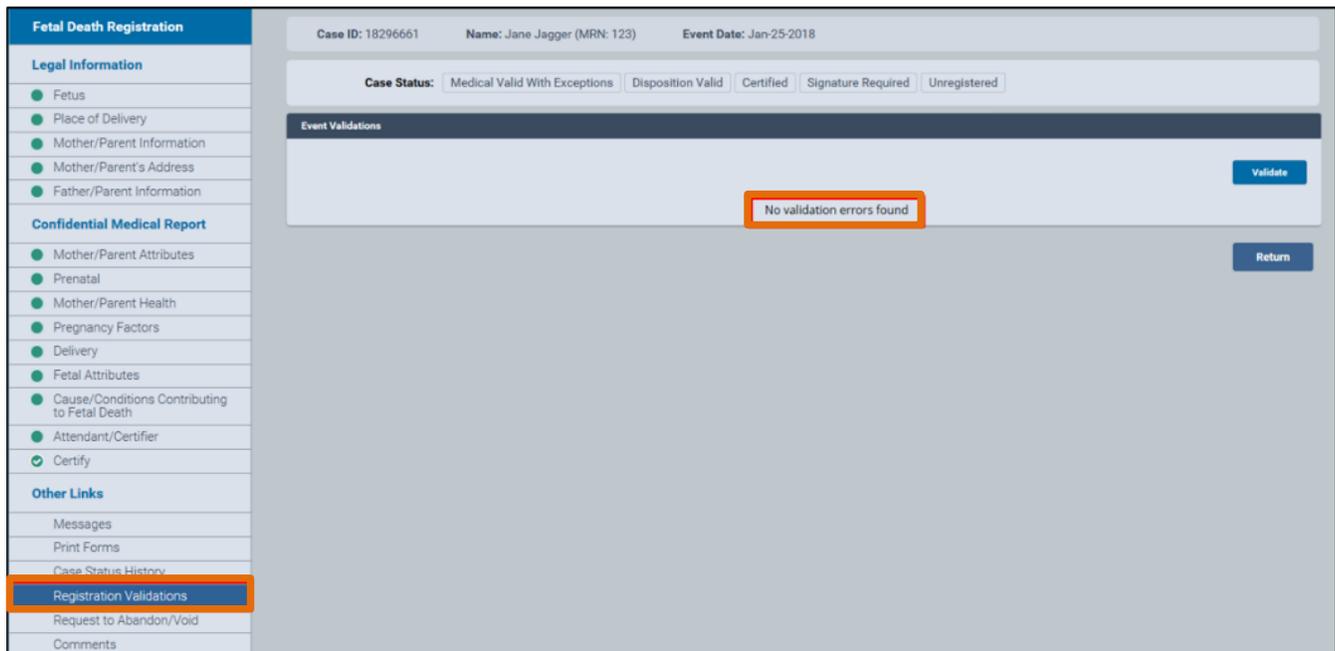
Case Status: Medical Valid With Exceptions | Disposition Valid | Certified | Signature Required | Unregistered

Status Date	Status Name	Status set by	Associated Facility name	Comment	Reject Reason	Other Reason
Jan/30/2018 02:41 PM	Signature Required	eVital User	Testing Funeral Home, Inc	eVital User		
Jan/30/2018 02:41 PM	Disposition Valid	eVital User	Testing Funeral Home, Inc			
Jan/30/2018 02:11 PM	Disposition Payment Completed	eVital User	Testing Funeral Home, Inc			
Jan/30/2018 11:10 AM	Certified	eVital User	Testing Hospital (Manhattan)			
Jan/30/2018 09:57 AM	Certification Failed	eVital User	Testing Hospital (Manhattan)	Certification Failed due to low FR facecores.		
Jan/30/2018 09:56 AM	Certification Required	eVital User	Testing Hospital (Manhattan)			
Jan/30/2018 09:56 AM	Medical Valid With Exceptions	eVital User	Testing Hospital (Manhattan)			
Jan/30/2018 09:45 AM	Medical Pending	eVital User	Testing Hospital (Manhattan)			
Jan/30/2018 09:45 AM	Disposition Pending	eVital User	Testing Hospital (Manhattan)			

Return

## 25. Registration Validations

1. Select the **Registration Validations** tab.
2. The **Registration Validation** page shows any validation errors for a case. If there are no errors, a “No validation errors found” notice will appear.



## 26. Request to Abandon/Void

1. Select the **Request to Abandon/Void** tab to void a STOP case.
2. On the **Request to Abandon/Void** page select the type from the **Request Type** drop-down list.

The screenshot shows the 'Request to Abandon/Void' form in a web application. The left sidebar contains a navigation menu with sections: 'Legal Information' (Fetus, Place of Delivery, Mother/Parent Information, Mother/Parent's Address, Father/Parent Information), 'Confidential Medical Report' (Mother/Parent Attributes, Prenatal, Mother/Parent Health, Pregnancy Factors, Delivery, Fetal Attributes, Cause/Conditions Contributing to Fetal Death, Attendant/Certifier, Certify), and 'Other Links' (Messages, Print Forms, Case Status History, Registration Validations, Request to Abandon/Void, Comments). The main content area shows case details: Case ID: 18296661, Name: Jane Jagger (MRN: 123), Event Date: Jan-25-2018. Below this are 'Case Status' buttons: Medical Valid With Exceptions, Disposition Valid, Certified, Signature Required, Unregistered. The 'Request to Abandon/Void' section has a 'Request Type\*' dropdown menu with 'Select one' selected, highlighted by an orange box. Below it is a 'Reason\*' text area. A 'Save' button is at the bottom right of the form, and a 'Return' button is at the bottom right of the page.

3. Complete the **Reason** field and click **Save**.

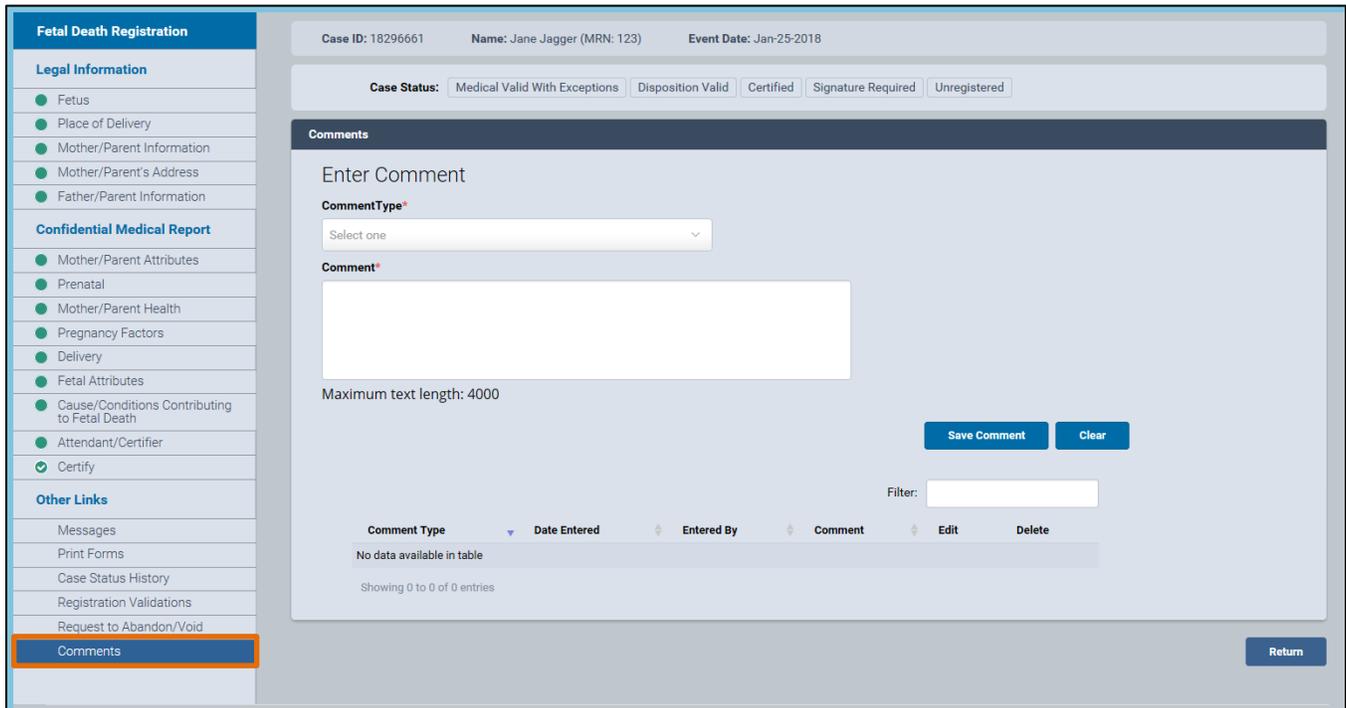
This screenshot shows the same 'Request to Abandon/Void' form as above, but with the 'Reason\*' text area filled with the text 'Patient request', highlighted by an orange box. The 'Request Type\*' dropdown now shows 'External Request to Abandon' with a close button (x) and a dropdown arrow. The 'Save' button at the bottom right of the form is also highlighted with an orange box. All other elements, including the sidebar and case details, remain the same as in the previous screenshot.

4. When the window appears to confirm the **Request to Abandon**, click **OK** to continue or **Cancel** to abort.

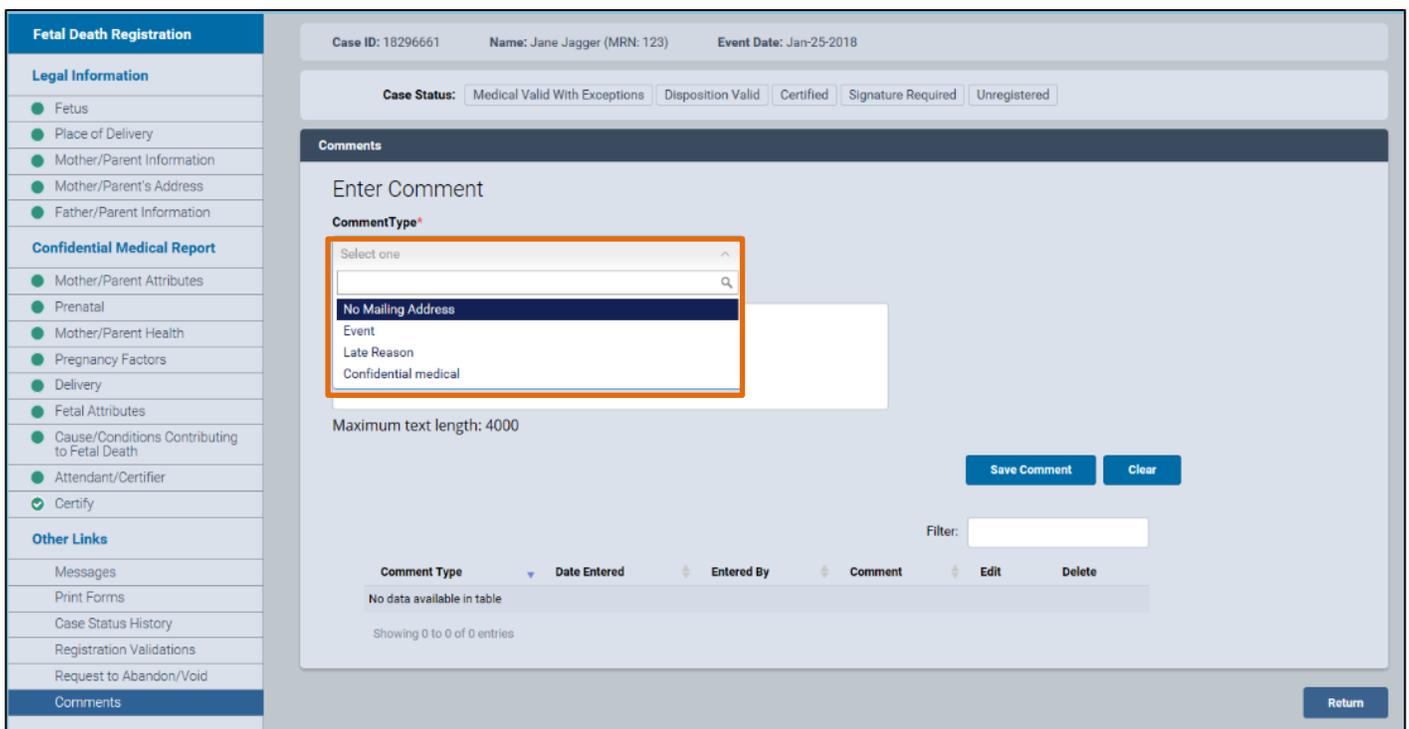


## 27. Comments

1. Select the **Comments** tab.



2. When the **Comments** page appears, choose a **Comment** type from the drop-down list. The choices are **No Mailing Address**, **Late Reason**, **Event** or **Confidential Medical**.



3. Enter a comment of up to 4000 characters in the **Comment** field. Click **Save Comment**.

The screenshot shows the 'Fetal Death Registration' interface. On the left is a navigation menu with categories like 'Legal Information' and 'Confidential Medical Report'. The main area displays case details: Case ID: 18296661, Name: Jane Jagger (MRN: 123), Event Date: Jan-25-2018. Below this are 'Case Status' buttons: Medical Valid With Exceptions, Disposition Valid, Certified, Signature Required, and Unregistered. The 'Comments' section is active, showing an 'Enter Comment' form. The 'CommentType' dropdown is set to 'Event'. The 'Comment' text area contains 'Sample comment.' and is highlighted with an orange border. Below the text area, it says 'Maximum text length: 4000'. To the right of the text area are 'Save Comment' and 'Clear' buttons, with 'Save Comment' highlighted in orange. Below the form is a table with columns: Comment Type, Date Entered, Entered By, Comment, Edit, and Delete. The table is currently empty, showing 'No data available in table' and 'Showing 0 to 0 of 0 entries'. A 'Return' button is at the bottom right.

4. A "Comment saved" notice will appear. You can see all the comments regarding a case at the bottom of the screen, including an option to **Edit** or **Delete** comments.

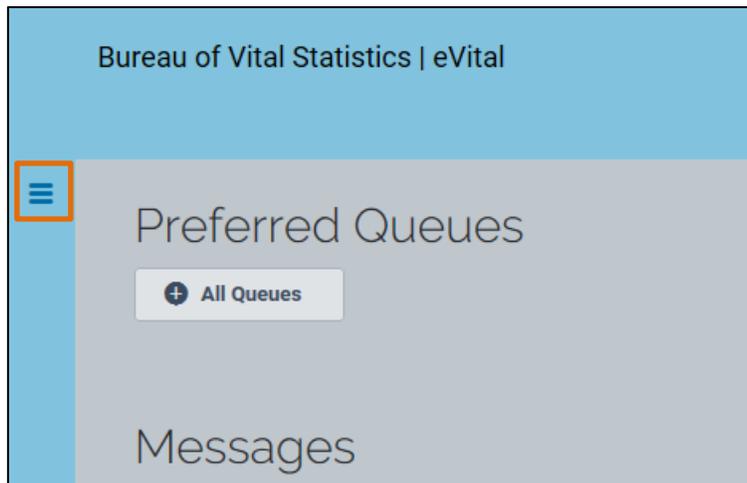
This screenshot shows the same interface as the previous one, but now a light blue notification box with the text 'Comment saved' is visible, highlighted with an orange border. The 'Enter Comment' form is now empty. The table below the form now contains one entry, which is also highlighted with an orange border. The table has the following data:

Comment Type	Date Entered	Entered By	Comment	Edit	Delete
Event	2/12/2018 10:43:42 AM	eVital User	Sample comment.		

Below the table, it says 'Showing 1 to 1 of 1 entries'. The 'Return' button is still at the bottom right.

## 28. Locating an Existing STOP Case

1. Click the **menu icon** to the left of **Preferred Queues**.



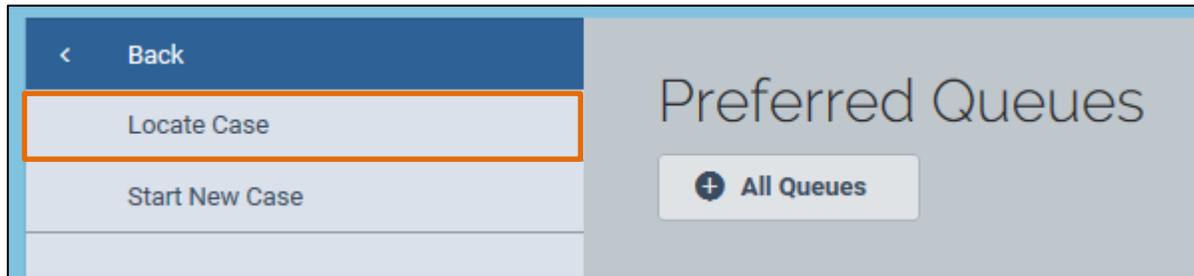
2. From the **All Categories** menu, select **Life Events**.



3. From the **Life Events** menu, select **STOP**.



- From the **STOP** menu, select **Locate Case**.



- Enter the case information in the corresponding fields and click **Search**.

The screenshot shows a form titled 'Locate STOP Case'. The form contains several input fields and dropdown menus, all enclosed in a large orange border. The fields are: 'Mother's Current Legal Last Name', 'Mother's Last Name Prior to First Marriage', 'Case ID', 'Mother's Medical Record Number', 'Fetus First Name', 'Fetus Last Name', 'Date of Delivery Start', 'Date of Delivery End', 'Sex' (with a 'Select one' dropdown), 'Place Of Delivery Location Type' (with a 'Borough' dropdown), 'Borough of Delivery' (with a 'Select one' dropdown), and 'Facility'. At the bottom right of the form, there are two buttons: 'Clear' and 'Search' (highlighted with an orange border).

- A list of matching STOP cases will appear. You can click any **Case ID** to open a case or click the **Preview** button to preview the details of a case.

The screenshot shows the 'Search Results' page. At the top, there is a 'Show 20 entries' dropdown and a 'Filter:' input field. Below this is a table with the following columns: 'Case ID', 'Mother's MRN', 'Mother's Maiden Name', 'Mother's Current Legal Last Name', 'Date of Delivery', 'Facility', and 'Status'. The table contains one row of data: Case ID 18296661, Mother's MRN 123, Mother's Maiden Name Jagger, Mother's Current Legal Last Name Jagger, Date of Delivery 1/25/2018, Facility Testing Hospital (Manhattan), and Status Unregistered. A 'Preview' button is located to the right of the 'Status' column for this row. Below the table, there is a 'Showing 1 to 1 of 1 entries' message and a pagination control with 'Previous', '1', and 'Next' buttons. At the bottom, there is a 'Total Number of Records' field with the value '1'.