



HOW DO I SUBMIT SPONTANEOUS TERMINATIONS OF PREGNANCY AMENDMENTS IN EVERS?

Please Note: You can only submit amendments for **Registered** cases.

Medical facilities have **3** amendment types for correcting spontaneous terminations of pregnancy (STOPS).

1. Legal-STOP

Use this amendment to update items on the legal section of the certificate.

2. Confidential Medical Report-STOP

Use this amendment to update items on the confidential medical report section of the certificate.

3. Medical Disposition-STOP

Use this amendment to do a city burial on a registered case that originally had no disposition. See **Appendix A** for specific instructions on submitting this amendment type.

Step 1: Locate Case

The screenshot shows the EVERS system interface for 'Testing Hospital (Manhattan)'. The navigation menu includes 'Main', 'Life Events', 'Queues', 'Forms', and 'Help'. The 'Life Events' menu is expanded, showing 'Fetal Death' with a sub-menu containing 'Locate Case' and 'Start/Edit New Case'. A green callout box with red text says 'Select Life Events/Fetal Death/Locate Case'. Red arrows point from this box to the 'Locate Case' option in the sub-menu and to the 'Fetal Death Search' icon in the 'Fast Links' section below.

Step 2: Select **Amendments** under **Other Links**

The screenshot shows the EVERS system interface for a 'Fetal Death Registration Menu'. The menu is titled '743504 Medical Record Numbers: 5456200, .**** MAY-10-2013'. The left sidebar contains a list of menu items: 'Legal Information', 'Fetus', 'Place of Delivery', 'Mother/Parent', 'Mother/Parent's Address', 'Father/Parent Information', 'Confidential Medical Report', 'Mother/Parent's Attributes', 'Prenatal', 'Mother/Parent's Health', 'Pregnancy Factors', 'Delivery', 'Fetal Attributes', 'Cause/Conditions Contributing to fetal death', 'Attendant/Certifier', 'Registrar Information', 'Amendment List', 'Other Links', 'Amendments', 'Print Forms', 'Comments', and 'Validate Registration'. The 'Amendments' option is highlighted with a red box. The main content area shows a form for 'Fetus Name (Optional)' with fields for 'First', 'Middle', 'Other Middle', 'Last', and 'Suffix'. The 'Date of Delivery' is set to 'MAY-10-2013 02:56 AM'. The 'Sex' is 'Female'. The 'Number delivered in this pregnancy' is 'Single'. The 'Obstetric Estimate of Gestation (completed weeks)' is '23'. The 'Does mother/parent request disposition' is 'No'. At the bottom right, there are buttons for 'Validate Page', 'Next', 'Clear', 'Save', and 'Return'.

Step 3: Select the amendment type from the **Type** dropdown, enter a description for the amendment in the Description field then click **Save**

The City of New York Department of Health and Mental Hygiene

Amendments Menu 743504 Medical Record Numbers: 5456200, ***** MAY-10-2013
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Amendment Page

Type: Legal-STOP (dropdown) Amendment Date: [empty]
 Year: [empty] Amendment Number: [empty]
 Order Number: [empty] Description: Change Mother Parent information
 Amendment Status: [empty] Microfilm Number: [empty]

New Burial Permit Required: [empty]

Save Clear Return

Step 4: From the **Page to Amend** dropdown, select the page you want to amend.

The City of New York Department of Health and Mental Hygiene

Amendments Menu 743504 Medical Record Numbers: 5456200, ***** MAY-10-2013 Amendment Exists
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Amendment Page

Type: Legal-STOP (dropdown) Amendment Date: MAY-10-2013
 Year: 2013 Amendment Number: 21936
 Order Number: [empty] Description: Change Mother Parent information
 Amendment Status: Keyed (Requires Affirmation) Microfilm Number: [empty]

Page to Amend: [empty]

New Burial Permit Required: [empty]

Cancel Amendment Save Clear Return

The page you want to amend will appear as shown below, for you to make the corrections.

The City of New York Department of Health and Mental Hygiene

Amendment 743504 Medical Record Numbers: 5456200, ***** MAY-10-2013 Amendment Exists
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Amendment Page

Type: Legal-STOP (dropdown) Amendment Date: MAY-10-2013
 Year: 2013 Amendment Number: 21936
 Order Number: [empty] Description: Change Mother Parent information
 Amendment Status: Keyed (Requires Affirmation) Microfilm Number: [empty]

Page to Amend: Fetal Death - Mother/Parent

New Burial Permit Required: [empty]

Mother/Parent

Mother/Parent's Current Legal Name
 First: Angelina Middle: [empty] Last: Joseph Suffix: [empty]

Copy Current Legal Name

Mother/Parent's Name Prior to First Marriage
 First: Angelina Middle: [empty] Last: Joseph Suffix: [empty]

Date of Birth: FEB-15-1985 Age: 28 Sex: Female

Mother/Parent's Birthplace
 City: Brooklyn State: New York Country: United States

Cancel Amendment Validate Page Validate Amendment Save Clear Return

Amendment Page

Type: Legal-STOP | Amendment Date: MAY-10-2013
 Year: 2013 | Amendment Number: 21936
 Order Number: | Description: CH
 Amendment Status: Keyed (Requires Affirmation) | Microfilm Number: |

Page to Amend: Fetal Death - Mother/Parent

New Burial Permit Required:

Mother/Parent's Current Legal Name
 First: Angelina | Middle: | Last: Joseph | Suffix: |

Copy Current Legal Name

Mother/Parent's Name Prior to First Marriage
 First: Angelina | Middle: | Last: John | Suffix: |

Date of Birth: FEB-15-1985 | Age: 28 | Sex: Female

Mother/Parent's Birthplace
 City: Brooklyn | State: New York | Country: United States

Buttons: Cancel Amendment, Validate Page, Validate Amendment, Save, Clear, Return

Make the correction/s and then click **Save**

Testing Hospital (Manhattan) | Welcome back: ADanielsFE | Logout

Main | Life Events | Queues | Forms | Help

The City of New York Department of Health and Mental Hygiene

Amendments Menu | 743504 Medical Record Numbers: 5456200, :**** MA

Amendment Page

Type: Legal-STOP | Amendment Date: MAY-10-2013
 Year: 2013 | Amendment Number: 21936
 Order Number: | Description: CH
 Amendment Status: Keyed (Requires Affirmation) | Microfilm Number: |

Page to Amend:

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Mother - Maiden Last Name	Joseph	John	Edit	Delete

New Burial Permit Required:

Buttons: Cancel Amendment, Save, Clear, Return

The following information will populate: **Item in Error, Item as it Appears, and Item as it Should be**

Click here only if you wish to **Cancel** the amendment

Click **Edit** if you wish to change information. Click **Delete** if you wish to remove any information

You can make corrections on additional pages by selecting them from the **Page to Amend** dropdown, and clicking **Save** after completing each page.

Click **Amendment Affirmation** under the **Amendments Menu**

Testing Hospital (Manhattan) Welcome back: ADanielsFE Logout

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The City of New York Department of Health and Mental Hygiene

Amendments Menu
Amendment
Amendment Affirmation

743504 Medical Record Numbers: 5456200, :**** ***** MAY-10-2013 Amendment Exists
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Affirmations

Affirm the following:

I certify that this change is being requested due to error or newly received information. (Note: Applications requiring documentary evidence cannot be submitted electronically.)

Found AES3500

Affirm Clear Return

Have the physician place his/her finger to affirm the amendment

APPENDIX A – HOW TO SUBMIT MEDICAL DISPOSITION-STOP AMENDMENTS

Submit this amendment when a case was registered at your facility without a disposition, and now it will be a city burial.

1. After creating a new Medical Disposition-STOP amendment, select Yes for **New Burial Permit Required**.

Testing Hospital (Manhattan) Welcome back: ADanielsFE Logout

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The City of New York Department of Health and Mental Hygiene

Amendments Menu

743504 Medical Record Numbers: 5456200, :**** ***** MAY-10-2013 Amendment Exists
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Amendment Page

Type: Medical Disposition-STOP Amendment Date: _____
Year: _____ Amendment Number: _____
Order Number: _____ Description: No Disposition to City Burial
Amendment Status: _____ Microfilm Number: _____

New Burial Permit Required: Yes

Save Clear Return

Click Save

2. Select the **Fetus** page from the **Page to Amend** dropdown.

You must amend **“Does Mother/Parent request disposition?”** to **Yes** on the **Fetus** page in order to view the **Disposition** page upon amendment approval.

Select **Yes** and then click **Save**, as outlined in the **RED** boxes below.

The screenshot shows the 'Amendment Page' for a medical record with ID 743504. The 'Page to Amend' dropdown is set to 'Fetal Death - Fetus'. The 'Does mother/parent request disposition' dropdown is set to 'Yes'. The 'Save' button is highlighted in red.

The following information will populate: **Item in Error**, **Item as it Appears**, and **Item as it Should be**.

Item In Error	Item as it Appears	Item as it Should be	Edit	Delete
Fetus - Does Mother/Parent request disposition?	No	Yes	Edit	Delete

Buttons: Cancel Amendment, Save, Clear, Return

- Select the **Fetal Death Disposition** page from the **Page to Amend** dropdown as shown in the **RED** box below.

Amendments Menu
 Amendment
 Amendment Affirmation

743504 Medical Record Numbers: 5456200, :**** ***** **MAY-10-2013** Amendment Exists
 /Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Fetal Death Registration Menu
 Legal Information
 Fetus
 Place of Delivery
 Mother/Parent
 Mother/Parent's Address
 Father/Parent Information
 Confidential Medical Report
 Mother/Parent's Attributes
 Prenatal
 Mother/Parent's Health
 Pregnancy Factors
 Delivery
 Fetal Attributes
 Cause/Conditions
 Contributing to fetal death
 Attendant/Certifier
 Registrar Information
 Amendment List
 Other Links
 Amendments
 Print Forms
 Comments
 Validate Registration

Amendment Page
 Type Amendment Date
 Year Amendment Number
 Order Number Description
 Amendment Status Microfilm Number

Page to Amend

The disposition page populates for any corrections.

 New Burial Permit Required

Disposition
 Will medical institution be responsible for disposition permit?
 Method of disposition Other Specify
 Date of disposition

Place of disposition
 Place of Disposition
 City or Town State Country

Funeral Director
 License Number Lookup
 First Middle Last Suffix

Funeral Home
 Business Registration Number Lookup
 Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc
 City or Town State Country Zip Code

Individual Authorizing Disposition
 First Middle Last Suffix
 Relationship to Fetus Other specify

Address
 Street Number Pre Directional Street Name or PO Box, Rural Route, Etc Street Designator Post Directional Apt#, Suite #, etc
 City or Town State Country Zip Code

You can make corrections on additional pages by selecting them from the **Page to Amend** dropdown, and clicking **Save** after completing each page.

- Select **Yes** for Will medical institution be responsible for disposition permit?
- The Method of Disposition field will auto populate with **City Burial (Potter's Field)**
- Enter **Jason Graham** for the Funeral Director
- The Place of Disposition and Funeral Home will also auto populate with information.

- Mother/Parent's Attributes
- Prenatal
- Mother/Parent's Health
- Pregnancy Factors
- Delivery
- Fetal Attributes
- Cause/Conditions
- Contributing to fetal death
- Attendant/Certifier
- Registrar Information**
- Amendment List
- Other Links
- Amendments**
- Print Forms
- Comments
- Validate Registration

Disposition

Will medical institution be responsible for disposition permit? **Yes**

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

Date of disposition _____

Place of disposition

Place of Disposition
City Cemetery At Hart Island

City or Town _____ State _____
Bronx New York

Funeral Director

License Number _____ Lookup _____

First _____ Middle _____ Last **Graham** Suffix _____

Funeral Home

Business Registration Number _____ Lookup _____
Office of Chief Medical Examiner

Street Number _____ Pre Directional _____ Street Name or PO Box, Rural Route, Etc _____
520 _____ First _____

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

Individual Authorizing Disposition

First _____ Middle _____ Last _____ Suffix _____

Relationship to Fetus _____ Other specify _____

Address

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

City or Town _____ State _____ Country _____ Zip Code _____
United States

Cancel Amendment Validate Page Validate Amendment **Save** Clear Return

Enter **Jason Graham** for the Funeral Director

Enter information for the Individual Authorizing Disposition here.

Click **Save**

Click **Save** when you have completed the amendment.

Click **Amendment Affirmation** under the **Amendments Menu**

Testing Hospital (Manhattan) Welcome back: ADanielsFE Logout

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Amendments Menu

- Amendment
- Amendment Affirmation**

743504 Medical Record Numbers: 5456200, :**** ***** MAY-10-2013 Amendment Exists
/Medical Valid with exceptions/Disposition Valid/NA/Certified/Registered

Affirmations

Affirm the following:

I certify that this change is being requested due to error or newly received information. (Note: Applications requiring documentary evidence cannot be submitted electronically.)

Found AE53500

Affirm Clear Return

Have the physician place his/her finger to affirm the amendment

For questions regarding EVERS, please contact:

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

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