



# CHAMPION REPORTING FORM UTAH BIRTH DEFECT NETWORK

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### Maternal Information

<b>Name:</b>	<b>Date of Birth:</b>
<b>Delivery Hospital:</b>	<b>Hospital MRN #:</b>

### Infant Information

<b>Name:</b>	<b>Date of Birth:</b>
<b>Primary Care Physician:</b>	<b>Gender:</b> <b>M</b> <b>F</b>

- |                                    |                                   |                               |
|------------------------------------|-----------------------------------|-------------------------------|
| 22q11 Deletion                     | Craniosynostosis                  | Limb Reduction Defect _____   |
| Abdominal Wall Defect              | Critical Congenital Heart Disease | Microcephaly _____ cm         |
| Amniotic Bands                     | CHD Other (specify) _____         | Head Circumference _____ in   |
| Anencephaly                        | Cystic Kidneys                    | Neural Tube Defects           |
| Anotia/Microtia                    | Encephalocele                     | Omphalocele                   |
| Anophthalmia/Microphthalmia        | Esophageal Atresia / TE Fistula   | Other CNS Malformations _____ |
| Arthrogyrosis                      | Dandy-Walker Malformation         | Renal Agenesis/Dysgenesis     |
| Biliary atresia                    | Diaphragmatic Hernia              | Spina Bifida                  |
| Bladder Extrophy                   | Gastroschisis                     | Trisomy 13                    |
| Choanal Atresia                    | Hirschsprungs                     | Trisomy 18                    |
| Chromosomal Defect (specify) _____ | Holoprosencephaly                 | Trisomy 21                    |
| Cleft Lip Only                     | Hypospadias/Epispadias            | Turners Syndrome              |
| Cleft Palate Only                  | Hydrocephalus                     | Multiple Congenital Anomalies |
| Cleft Lip and Palate               | Imperforate Anus                  | Other Defect (specify) _____  |
| Congenital Cataract                | Intestinal Atresia/Stenosis       |                               |

### **CCHD Screening**

	Date	Time	R Hand	Foot	Result		
1 <sup>st</sup> Attempt					P	F	Rescreen
2 <sup>nd</sup> Attempt					P	F	Rescreen
3 <sup>rd</sup> Attempt					P	F	

Not Screened Reason \_\_\_\_\_

ECHO Date \_\_\_\_\_ ECHO Time \_\_\_\_\_

<b>Reporting Source:</b>	<b>Date:</b>
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