COMPLIANCE REPORT OF INDUCED TERMINATION OF PREGNANCY

APPENDIX AA

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 59996 (8-2011)

ility Name (if not clinic or hospital, list address)	2. Patient's ID Number	3. Age Last Birthday

4. From who did the clinic received Informed Consent for this abortion?

☐ a) From Client ☐ b) From Parent or Legal Guardian ☐ c) By Court Order

5. Facility offered client the opportunity to view written material provided by the ND Department of Health? ☐ Yes ☐ No

* If yes, how did client view material?

☐ a) Viewed via web site ☐ b) Viewed in clinic ☐ c) Had material mailed to them ☐ d) Client chose not to view

* 6. Were Abortion-Inducing Drugs used for this abortion? ☐ Yes ☐ No

If Yes, than you must answer 6a through 6c below:

a) Did the woman receive a copy of the drug label? ☐ Yes ☐ No

b) Was the woman provided with the name and telephone number of another physician in the case of an emergency? ☐ Yes ☐ No

c) Was the physician who prescribed the drug physically present in the same room and the one who administered the drug to the woman?

☐ Yes ☐ No

7. Did the clinic display the required notice signs? ☐ Yes ☐ No

8. Was the woman given the option to have an ultrasound prior to the abortion? ☐ Yes ☐ No

* Was the abortion performed within the first 13 weeks of pregnancy? ☐ Yes ☐ No

If the abortion is to be performed after the unborn child has reached viability to preserve the life of the woman or save her from grave impairment, did the physician get concurrence from two other licensed physicians regarding the risks to the mother?

☐ Yes ☐ No ☐ Risk was Immediate

11. How were the remains disposed of?

☐ a) Incineration ☐ c) Cremation

☐ b) Burial ☐ d) Other, specify: _____

12. Name of Attending Physician (Type/Print)	13. Name of Person Completing Report (Type/Print)

Signature of Attending Physician	Date

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DATA REPORT OF INDUCED TERMINATION OF PREGNANCY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 8161 (Rev. 8-2011)

1. Facility Name (if not clinic or hospital, list address)	2. City of Pregnancy Termination		3. County of Pregnancy Termination
4. Patient's ID Number	5. Age Last Birthday	6. Married? ☐ Yes ☐ No	7. Date of Pregnancy Termination (Mo, Day, Year)

8a. Residence-State	8b. County	8c. City, Town, or Location	8d. Inside City Limits? ☐ Yes ☐ No	8e. ZIP Code

9. Ancestry (e.g. Cuban, Mexican, Puerto Rican, English, German, Norwegian, etc.) Specify:	10. Race ☐ American Indian ☐ White ☐ Black ☐ Other (specify): _____

11. EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)	College(1-4 or 5+)

12. Date of Last Normal Menses Began (Mo, Day, Year)	13. Clinical Estimate of Gestation (Weeks)

14. PREVIOUS PREGNANCIES (Complete each section)

Live Births	Other Terminations
14a. Number Now Living ☐ None	14c. Spontaneous ☐ None
14b. Number Now Dead ☐ None	14d. Induced (do not include this termination) ☐ None

15. After the ultrasound option was offered, did the individual choose to have an ultrasound? ☐ Yes ☐ No

TERMINATION PROCEDURES	15a. Procedure that terminated pregnancy (check ONLY ONE)	15b. Additional procedures used for this termination, if any (check ALL that apply)
Suction Curettage		
Sharp Curettage		
Dilation and Evacuation (D&E)		
Intra-Uterine Saline Instillation		
Intra-Uterine Postaglandin Instillation		
Hysterotomy		
Hysterectomy		
Medical (Nonsurgical), Specify Medication(s):		
Other (Specify):		

17. Complications of Pregnancy Termination (Check all that apply)
☐ None ☐ Infection ☐ Cervical Laceration ☐ Other (specify): _____
☐ Hemorrhage ☐ Uterine Perforation ☐ Retained Products

18. Adverse Events of Pregnancy Termination (Check all that apply)
☐ None ☐ Hospitalization ☐ Cogenital Anomaly ☐ Required Intervention
☐ Death ☐ Life Threatening ☐ Disability ☐ Other (specify): _____

19. Name of Attending Physician (Type/Print)	20. Name of Person Completing Report (Type/Print)

Signature of Attending Physician	Date

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Important instructions for completion of report

Section 14-02.1-07 of the North Dakota Century Code provides that an abortion report be completed for each abortion which occurs in this state (effective July 1, 1979).

The item "patient identification" is not to be utilized for personally identifying information such as name, etc., but is provided for your convenience in assigning and identifier linking this report with your own medical records.

All reports would be prepared on a typewriter with a black ribbon or printed legibly with black non-fading ink and all signatures should be entered in black non-fading ink.

Adverse Events:

Death Check only if you suspect that the death was an outcome of the adverse event.

Life Threatening The patient was at substantial risk of dying at the time of the adverse event or the use or continued use of the device or other medical product might have resulted in the death of the patient.

Hospitalization Check if admission to the hospital or prolongation was a result of the adverse event.

Disability Check if the adverse event resulted in a substantial disruption of a person's ability to conduct normal life functions. Such would be the case if the adverse event resulted in a significant, persistent or permanent change, impairment, damage or disruption in the patients body function/structure, physical activities and/or quality of life.

Congenital Anomaly Check if you suspect that exposure to a medical product prior to conception or during pregnancy may have resulted in an adverse outcome in the child.

Required Intervention Check if you believe that medical or surgical intervention was necessary to preclude permanent impairment of a body structure, either situation suspected to be due to the use of a medical product.

Other Check when the event does not fit the other outcomes, but the event may jeopardize the patient and may require medical or surgical intervention to prevent one of the other outcomes. Examples include allergic brochspasm (a serious problem with breathing) requiring treatment in an emergency room, serious blood dyscrasis (blood disorders) or seizures/ convulsions that do not result in hospitalization.

Any questions concerning the proper completion of this report may be directed to the Division of Vital Records (Telephone Number 328-2360) or directed to the address at the bottom.

Mail completed report to: North Dakota Department of Health
Division of Vital Records
600 East Boulevard Avenue
Bismarck, ND 58505-0200