

CONGENITAL ANOMALIES SURVEILLANCE YUKON (CASY)  
**REPORTING & REFERRAL FORM**

I am **reporting** this birth defect

I also am **referring** my client for a genetic counselling appointment

<b>REPORTING / REFERRAL INFORMATION</b>		
Person reporting/referring (name and position)		Form completion date YYYY / MM / DD
Name of Medical Facility	E-mail	Telephone

<b>AFFECTED FETUS / INDIVIDUAL</b>				
Name (Last, First, Middle)			Yukon health care number	
Date of birth/termination YYYY / MM / DD	Date of death YYYY / MM / DD	Birth Weight	Birth Length	Head circumference at birth
Primary care doctor	Name: _____			
Maternity care doctor	Name: _____			
Biological mother's full name (Last, First, Middle)			Mother's date of birth YYYY / MM / DD	
Address		Postal code	Telephone (daytime) if this is a referral	
<b>Type of birth</b>			<b>Sex</b>	
Livebirth			Male	
Stillbirth ( $\geq 20$ wks)			Female	
Spontaneous abortion (<20 wks)			Unknown	
Not yet delivered			Ambiguous genitalia (Indeterminate)	
Termination at _____ wks gestation			Unknown	
Hospital where delivery/termination occurred:			<b>Plurality</b>	
_____			Singleton	
_____			Multiple: one of _____	
_____			Twin	
Gestational age at birth: _____ Unknown			APGAR at	
Based on U/S <26 wks			1 min: _____ 5 min: _____ 10 min: _____	
Based on LMP			Father's age at baby's birth	
Based on clinical exam at birth				
<b>Batch ID:</b> (administrative use only)			<b>CASEID:</b> (administrative use only)	

<b>DESCRIPTION OF BIRTH DEFECT(S)</b>	
Please describe <u>each</u> birth defect(s) in as much detail as possible. If syndrome suspected, add details. Add confirmatory documentation when available (hospital discharge summary, radiology, pathology, surgical / autopsy reports, cytogenetic, genetic test results, consultant records, etc.)	<b>ICD-10 CODE(S)</b> (for administrative use only)

### **Summary of anomalies to report\***

- Congenital anomalies that are confirmed postnatally up to age 5
- Congenital anomalies identified/strongly suspected in any terminated pregnancy or miscarriage
- Chromosome abnormalities
- Prenatally detected club foot, ventriculomegaly (<15mm), hydronephrosis ONLY if confirmed postnatally
- Metabolic disorders
- Confirmed FASD
- Other

### **Summary of what should NOT be reported**

- Prenatal soft markers for aneuploidy (nuchal thickening, echogenic foci, echogenic bowel, choroid plexus cysts, pyelectasis)

**\*If you are uncertain whether a report or referral is appropriate please contact the CASY Coordinator, at the contact info below. You can also view [www.hss.gov.yk.ca/casy.php](http://www.hss.gov.yk.ca/casy.php) for further details.**

Information is collected under the authority of the *Public Health and Safety Act* Sections 2.1(1) and 2.2(2)(d) and in compliance with the *Health Information Privacy and Management Act* or *HIPMA* for the purpose of determining rates and trends of birth defects in Yukon. You may obtain a written statement of Health and Social Services information practices at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's Privacy Officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca)

**Any questions regarding CASY and this form can be directed to:**

**Contact Information:** CASY Coordinator  
204 Lambert Street (H-2), Whitehorse, Yukon, Y1A 3T2 • Phone (867) 667-8563 / Fax (867) 393-6486  
Email [casy@gov.yk.ca](mailto:casy@gov.yk.ca) / [www.hss.gov.yk.ca/casy.php](http://www.hss.gov.yk.ca/casy.php)