



CONGENITAL ANOMALIES SUPPORT YUKON (CASY)
REPORTING & REFERRAL FORM

I am **reporting** this birth defect
 I also am **referring** my client for a genetic counselling appointment

REPORTING / REFERRAL INFORMATION		
Person reporting/referring (name and position)		Form completion date YYYY / MM / DD
Name of medical facility	Email	Telephone

AFFECTED FETUS / INDIVIDUAL				
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	
Type of birth			Sex	
Livebirth Spontaneous abortion (<20 wks) Termination at _____ wks gestation			Male Female Unknown Ambiguous genitalia (Indeterminate)	
Stillbirth (≥20 wks) Not yet delivered Unknown			Plurality Singleton Multiple: one of _____ Twin	
Hospital where delivery/termination occurred: _____			APGAR at 1 min: _____ 5 min: _____ 10 min: _____	
Gestational age at birth: _____ Unknown Based on U/S <26 wks Based on LMP Based on clinical exam at birth			Father's age at baby's birth	
Batch ID: (administrative use only)			CASEID: (administrative use only)	

DESCRIPTION OF BIRTH DEFECT(S) / REASON FOR REFERRAL	
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.)	ICD-10 CODE(S) (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 and autism at any age
- Other

Summary of what should NOT be reported

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

***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 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 or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca

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

Contact Information: CASY Coordinator
204 Lambert Street, 4th floor (H-2), Whitehorse, Yukon, Y1A 3T2 • Phone (867) 667-8563 / Fax (867) 667-5714
Email casy@gov.yk.ca / www.hss.gov.yk.ca/casy.php