



Public Health
England

National Congenital Anomaly and Rare Disease Registration Service (NCARDS)

Data collection form – Postnatal

Please notify any suspected or confirmed anomaly identified – structural, chromosomal or biochemical.

DO NOT WAIT until final confirmation before sending this form.

Authorised under Section 251 of the NHS Act 2006 to collect information without patient consent (CAG 10-02(c)(2015))

BABY'S DETAILS

(Sticky label, if available)

Surname:

Forename(s):

Hosp. no:

NHS no:

Address at birth:

Postcode:

Date of birth:

Sex: Male Female Indeterminate Not known

BIRTH DETAILS

Place of delivery:

Type of delivery: Spont. vertex Spont. other Low forceps
 Other forceps Ventouse Breech
 Breech extraction Elective CS Emergency CS
 Other, specify Not known

Birth weight: g Birth order: of

Gestation at delivery: weeks + days

MOTHER'S DETAILS (if known)

(Sticky label, if available)

Surname:

Forename:

Hosp. no:

NHS no:

Address at booking:

Postcode:

Date of birth:

Booking hospital:

BABY'S DEATH DETAILS (if applicable)

Date of death:

Post mortem: Yes Not requested Not permitted
 Requested but not performed Not known

BABY'S PROCEDURE DETAILS (if applicable)

Date/age performed/expected	Department/Doctor	Procedure
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTIFIER DETAILS

Name:

Hospital:

Department:

Email:

Tel: Date:

ANOMALY DETAILS – LIST ALL

Anomaly	Suspected prenatally	How confirmed? E.g. cytogenetics, x-ray, PM
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Date confirmed <input type="text"/>

ADDITIONAL DETAILS

Use this box/back of the form to extend answers or include any extra information you think is relevant (including future referrals and treatments)

Please attach copies of any relevant scans/clinic letters/laboratory or post mortem reports.

Please send by secure electronic transfer to your regional NCARDS office. Details of each regional NCARDS office can be found at www.gov.uk/phe/ncards.

Click to lock all form fields and prevent future editing