New Jersey Department of Health
Special Child Health and Early Intervention Services
STATE BIRTH DEFECTS REGISTRY
PO Box 364, Trenton, NJ 08625-0364

BIRTH DEFECTS REGISTRY
REGISTRATION

REGISTRATION INFORMATION

Registration Type: ☐New ☐Update ☐Audit

Family Informed of Registration: ☐ Yes ☐No

Type of Hospital/Reporting Facility

Registering Agency Name

CASE TRACKING INFORMATION

Medical Record Number

Electronic Birth Certificate (EIN) No.

INSURANCE INFORMATION

Insurance Type: ☐None ☐Private ☐Medicaid ☐Unknown

HOSPITAL/AGENCY CONTACT

Name of Hospital/Agency Contact *(Last, First, Middle, Suffix)*

Job Title

Telephone Number
( )

CHILD'S INFORMATION

NAME OF CHILD (AS APPEARS ON BIRTH CERTIFICATE)

Last Name | Suffix

First Name ☐ None Given | Middle Name

ALSO KNOWN AS

Last Name | Suffix

First Name ☐ None Given | Middle Name

CHILD'S CURRENT RESIDENCE ADDRESS

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

HOSPITAL / PLACE OF BIRTH

Medical Facility Name or Description of Location

City | State | Country

PRIMARY CARE PROVIDER AFTER DISCHARGE

Practice Name -OR- Provider Name *(Last Name, First Name)* ☐ Undecided ☐ Unknown

Telephone Number ( ) | Extension

TRANSFER INFORMATION

Child Transferred: ☐ Yes ☐ No | Date of Transfer

Received From

Sent To

CHILD'S INFORMATION, CONTINUED

BIRTH INFORMATION

Date of Birth | Sex: ☐ Female ☐ Male ☐ Indeterminate

Birthweight: _____ Grams –OR- _____ Lbs., _____ Ozs. -OR- ☐ Unknown

Plurality: ☐ Single ☐ Twin ☐ Other Multiple: _____ ☐ Unknown | Birth Order

Outcome: ☐ Live | Weeks of Pregnancy: ☐ Preterm (<37 Wks.) ☐ Term (37-41 Wks.) ☐ Post term (≥42 Wks.) ☐ Unknown

ETHNICITY INFORMATION

Hispanic/Latino: ☐ Yes ☐ No ☐ Unknown

Primary Language Spoken in Home: ☐ English ☐ Spanish ☐ Other, Specify: _____

Race *(Check ALL that apply)*

☐ White
☐ Chinese
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Asian Indian
☐ Black/African American
☐ American Indian/Native Alaskan
☐ Native Hawaiian
☐ Filipino
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Asian, Specify: _____
☐ Other Pacific Islander, Specify: _____
☐ Other, Specify: _____
☐ Not Classifiable / Unknown

BIRTH MOTHER'S RESIDENCE AT TIME OF BIRTH

IF MOTHER WAS INSTITUTIONALIZED AT TIME OF BIRTH, ENTER RESIDENCE ADDRESS BEFORE SHE WAS INSTITUTIONALIZED

☐ Unknown ☐ Same as child's current residence address

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

DEATH INFORMATION FOR CHILD

Is Expired: ☐ Yes ☐ No | Date of Death ☐ Unknown

Place of Death ☐ Unknown

Autopsy: ☐ Yes ☐ No ☐ Pending ☐ Unknown | Death Certificate Number

PARENT A INFORMATION

Parent A Vital Status: ☐ Alive ☐ Dead ☐ Unknown

Sex: ☐ Male ☐ Female | Biological: ☐ Yes ☐ No ☐ Unknown

PARENT A NAME

Last Name | Suffix

First Name | Middle Name

Maiden Name

BIRTH DEFECTS REGISTRY REGISTRATION (Continued)

PARENT A INFORMATION, CONTINUED

PARENT A MAILING ADDRESS

☐ Same as child's current residence address

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

Parent A Legal Guardian Status ☐ Yes ☐ No ☐ Unknown | Date of Birth

Telephone Number ( ) ☐ No Phone

ETHNICITY INFORMATION

Hispanic/Latino ☐ Yes ☐ No ☐ Unknown

Race *(Check ALL that apply)*

- ☐ White
- ☐ Chinese
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Black/African American
- ☐ American Indian/Native Alaskan
- ☐ Native Hawaiian
- ☐ Filipino
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Asian, Specify: _____
- ☐ Other Pacific Islander, Specify: _____
- ☐ Other, Specify: _____
- ☐ Not Classifiable / Unknown

PARENT B INFORMATION

Parent B Vital Status ☐ Alive ☐ Dead ☐ Unknown

Sex ☐ Male ☐ Female | Biological ☐ Yes ☐ No ☐ Unknown

PARENT B NAME

Last Name | Suffix

First Name | Middle Name

PARENT B MAILING ADDRESS

☐ Same as child's current residence address

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

PARENT B INFORMATION, CONTINUED

Parent B Legal Guardian Status ☐ Yes ☐ No ☐ Unknown | Date of Birth

Telephone Number ( ) ☐ No Phone

GUARDIAN AGENCY INFORMATION

Legal Guardian Status
- ☐ Yes
- ☐ No
- ☐ Unknown

Guardian Type
- ☐ Relative
- ☐ Individual (Non-Relative)
- ☐ Government Agency (DYFS, etc.)
- ☐ Private Agency

GUARDIAN AGENCY INFORMATION

Agency Name

Division/Program

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

GUARDIAN AGENCY CONTACT INFORMATION

Contact Name *(Last Name, First Name)*

Telephone Number ( ) ☐ No Phone

GUARDIAN'S INFORMATION

GUARDIAN NAME

Last Name | Suffix

First Name | Middle Name

CONTACT INFORMATION

Telephone Number ( ) ☐ No Phone

MAILING ADDRESS

☐ Same as child's current residence address

Street Address

Unit Description | Unit | P.O. Box

City | State

Zip Code | County | Country

DIAGNOSIS DESCRIPTION (Be Specific)	*TSB Reporting: Type of Specimen Tested	*Date and Time Specimen Collected	*Date and Time Specimen Analyzed
1			
2			
3			
4			
5			
6			
7			
8			

* For TSB Bilirubin Results > 25 mg/dL only