CPQCC TRANSPORT LOG 2010

TRANSPORT LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY
DO NOT SUBMIT TO CPQCC

Center Number_____ **Center Name**_____

CPQCC Network ID Number	Patient's Name	Birth Date (MM/DD/YY)	Transfer Date (MM/DD/YY)	Transfer Hospital Name	CPQCC Member? (Yes/ No)	Items 58-60 Sent* (MM/DD/YY) Required for all Transfers	Items 61-62 Sent** (MM/DD/YY)	Items 63-64 Sent*** (MM/DD/YY)	Item 64 Sent**** (MM/DD/YY) Required for all Transfers

*Submit Items 58-60 for all transported infants when the Post Transfer Disposition is known.
**Submit Items 61-62 for all readmitted infants when the Disposition After Readmission is known.
***Submit Items 63 and 64 for all infants who were transferred more than once when the Ultimate Disposition is known.
****Submit Item 64 for all infants who were transferred when the Date of Final Discharge or Death is known.