

CPQCC/VON Eligibility Verification Plan
This is our plan for identifying all eligible infants born in 2008

Center Number: _____

Center Name: _____

Team Leader: _____

Phone: _____

Center Address: _____

Fax: _____

Email: _____

Admissions (Inborn and Outborn)

Frequency (please check only one box per Data Source)

Data Source (check all that apply):

Monthly Quarterly

Daily

Weekly

- | | | | | |
|------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> NICU Patient Log | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Labor and Delivery Room Log | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Computerized Report from Clinical Data System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Computerized Report from Medical Record Dept. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Birth Certificate Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Death Certificate Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> *Other, Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Delivery Room Deaths and Deaths Prior to Admission

Frequency (please check only one box per Data Source)

Data Source (check all that apply):

Quarterly

Daily

Weekly Monthly

- | | | | | |
|------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Labor and Delivery Room Log | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Computerized Report from Clinical Data System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Computerized Report from Medical Record Dept. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Birth Certificate Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Death Certificate Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> *Other, Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***All members should use "Other" category to describe additional plans not separately listed; Expanded Database members should use "Other" category to describe additional plans specific to the Expanded Database.**

By signing below, I certify that this verification plan is currently in use at my institution.

 Signature of Team Leader

 Date