CPQCC PATIENT LOG 2007

PATIENT 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	Medical Record Number	Birth Date (MM/DD/YYYY)	Eligibility: A. 401-1500g OR B. GA 22/0-29/6 OR C. >1500g and one of the following: Death, Surg, Vent >4 hrs, Early Sepsis, Acute Transport in/out, Previously discharged home and readmitted for Total Serum Bilirubin of =>25mg/dL and/or exchange transfusion	Admission/Discharge Form Date Sent (MM/DD/YYYY)	DR Death Form Date Sent (MM/DD/YYY)	Transport Form Required? (Y/N)

This form was developed by Vermont Oxford Network