

**CPQCC TRANSPORT LOG 2017**

**ELIGIBILITY 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)	Birth Time (00:00) AM/PM	Transfer Date (MM/DD/YY)	Transfer Hospital Name	CPQCC Member? (Yes/No)	Items 58-60 Sent* (MM/DD/YY) <u>Required for all Transfers</u>	Items 61-62 Sent** (MM/DD/YY)	Items 63-64 Sent*** (MM/DD/YY)	Item 64 Sent**** (MM/DD/YY) <u>Required for all Transfers</u>

**\*This form was adapted from a log developed by Vermont Oxford Network**  
 \*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.