CPQCC TRANSPORT LOG 2018

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 61-63 Sent* (MM/DD/YY) Required for all Transfers	Items 64-65 Sent** (MM/DD/YY)	Items 66-67 Sent*** (MM/DD/YY)	Item 67 Sent**** (MM/DD/YY) Required for all Transfers

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

*Submit Items 61-63 for all transported infants when the Post Transfer Disposition is known.

**Submit Items 64-65 for all readmitted infants when the Disposition After Readmission is known

***Submit Items 66 and 67 for all infants who were transferred more than once when the Ultimate Disposition is known.

****Submit Item 67 for all infants who were transferred when the Date of Final Discharge or Death is known.