



## PATIENT IDENTIFICATION WORKSHEET FOR INFANTS BORN IN 2019

NETWORK ID:  HOSPITAL ID:

Please use this and the Length of Stay Calculation Worksheet (on the following page) to calculate data elements reported on your 2019 forms.

*Admission/Discharge Form  
Transport/Post-Transport Form*

Please use the Delivery Room Death forms for infants who meet the Delivery Room Death Criteria.

Refer to the CPQCC Manual for 2019 when completing worksheets and forms.

Do Not Submit This Worksheet to CPQCC  
Keep on File at Your Center

W1. Patient's Name: \_\_\_\_\_

W2. Mother's Name: \_\_\_\_\_

W3. Patient's Medical Record Number: \_\_\_\_\_

W4a. Date of Birth: (MM-DD-YYYY) --

W4b. Time of Birth: : AM/PM

W5. Date of Admission: (MM-DD-YYYY) --

W6. Date of Day 28: (MM-DD-YYYY) --

W7. Date of Week 36: (MM-DD-YYYY) --

W8. Date of Initial Discharge, Transfer, or Death: (MM-DD-YYYY) --

W9. Date of Final Discharge or Death: (MM-DD-YYYY) --