

NICU TRANSPORT LOG 2020

**ELIGIBILITY LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY
DO NOT SUBMIT TO CPQCC**

Center Number _____

Center Name _____

| NICU Record 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) <u>Required for all Transfers</u> | Items 64-65 Sent** (MM/DD/YY) | Items 66-67 Sent*** (MM/DD/YY) | Item 67 Sent**** (MM/DD/YY) <u>Required for all Transfers</u> |
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***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.