Section of Epidemiology

Use the most specific ICD-9 code(s) available and write a one or two word narrative diagnosis, along with the diagnosis date. If you do not know the ICD-9 code, please leave this item blank; however, we request that you still write the narrative diagnosis for each person reported. The ICD-9 code and written description should be more specific than the categories shown on the code page. For example, you would report sickle cell anemia as ICD-9 code of 282.60, rather than 282 which is hereditary anemia.

Birth Defects Registry Report Form

Name of person making report:	
Institutional affiliation, if any: (e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)	
Telephone number:	
Patient's name:	
Date of birth: (mm/dd/yyyy)	
Sex: (circle one)	**male female**
Race: (circle one)	**White Alaska Native Asian Black other/unknown**
Is patient of Hispanic ethnicity? (circle one)	**yes no unknown**
Community of birth:	
Community of residence:	

ICD-9 Code	Narrative Diagnosis	Date of Diagnosis (mm/dd/yyyy)

Send form to:
Alaska Birth Defects Registry
3601 C Street, Ste 934
Anchorage, AK 99503
or
FAX 1-907-269-3493

The Birth Defects Registry is a component of the Section of Maternal, Child, and Family Health; staff can be reached at 1-907-269-3400.