



# STATE OF KANSAS REPORTING FORM NOTIFIABLE CONDITIONS



In compliance with statute K.S.A. 65-1,241 et. seq. and regulations K.A.R. 28-4-520 and K.A.R. 28-4-521 and amendments thereto, each institution, physician and birthing attendant shall report all notifiable conditions diagnosed in children from live birth to five (5) years or stillbirth to the Kansas Birth Defects Information System.

Notifiable conditions are defined in K.A.R. 28-4-520 and K.A.R. 28-4-521. A comprehensive list of these conditions may be found in the Guidance for Birth Defects Surveillance Reporting document and include the following:

- All conditions listed in the Congenital Malformations, Deformations and Chromosomal Abnormalities chapter within the ICD-10-CM Expert for Physicians code book, 2022 edition (Q00-Q99)
- Neonatal abstinence syndrome (P96.1)
- Select metabolic disorders
- Select functional disorders

Please fax this reporting form to 785-559-4280

## CHILD

Child's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Child's Sex M F  
Month Day Year (if applicable) Month Day Year

If child is from a multiple birth, which is being reported? N/A First Second Third Other \_\_\_\_\_

Adopted/Foster Care? Yes No

Out of state birth? Yes No

Birthing Hospital/Facility \_\_\_\_\_  
Name of hospital/facility City

If yes, what state? \_\_\_\_\_

ICD-10-CM	Diagnoses/Descriptions

ICD-10-CM	Diagnoses/Descriptions

## MOTHER

Mother's Name \_\_\_\_\_  
Last First Middle Maiden

Mother's Current Address \_\_\_\_\_  
Street City State Zip Code

Mother's Phone Number \_\_\_\_\_

Race White Black/African American Asian American Indian/Alaskan native Hawaiian/Pacific Islander Other \_\_\_\_\_

Ethnicity Hispanic Non-Hispanic

## CONTACT INFORMATION

Name of Reporter _____	Medical Record Contact _____
Hospital/Facility _____	Medical Record Number _____
Phone Number _____	Phone Number _____
Fax Number _____	Fax Number _____
Child's Physician _____ (Please print) First Middle Last	Today's Date _____ Month Day Year

If you have any additional questions, please contact:  
Kansas Birth Defects Surveillance Program  
Ph: (785) 291-3363; Fax: (785) 559-4280  
1000 SW Jackson St. Suite 220 | Topeka, KS 66612  
<https://www.kdhe.ks.gov/678/Birth-Defects-Program>