| CDClogo_CDCtag_b&wU.S. Zika Pregnancy Registry and Birth Defects Surveillance — IntegratedSupplemental Maternal Prenatal Imaging and Diagnostics FormThese data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please return completed form via SAMS or secure FTP—request access from** [**ZIKApregnancy@cdc.gov**](mailto:ZIKApregnancy@cdc.gov) **The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200**  **Contact Pregnancy & Birth Defects Task Force at: 770-488-7100** | | | | | | | |
| SIF.1. State/Territory ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | SIF.2. State/Territory reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIF**.3. County reporting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **SIF.4. Date(s) of ultrasound(s):**  *\_\_\_\_\_\_\_\_\_*  🞎 **SIF.5**. *Check if date approximated*  **SIF.6***. If date not known,* Gestational age  *\_\_\_\_ \_\_\_\_ (weeks) (days)* | **SIF.7. Overall fetal ultrasound results:** 🞎 Normal 🞎 Abnormal | | | | | | |
| **SIF.8.** 🞎 Reported by patient/healthcare provider🞎 Ultrasound report | | | | | | |
| **SIF.9.** Head circumference (HC) \_\_\_\_\_\_\_cm  **SIF.10.** 🞎 Normal 🞎 Abnormal (*by physician report*) | | | | | | |
| **SIF.11.** Biparietal diameter (BPD) \_\_\_\_\_\_cm  **SIF.12.** Femur length (FL) \_\_\_\_\_cm  **SIF.13.** Abdominal circumference (AC) \_\_\_\_\_cm | | | | | | |
| **SIF.14.** 🞎 Symmetric intrauterine growth restriction (IUGR)  🞎 Asymmetric IUGR (HC%>AC% or HC%>FL%) | | | | | | |
| **SIF.15.** Microcephaly | | 🞎 No 🞎 Yes | | **SIF.16.** Intracranial calcifications | | 🞎 No 🞎 Yes |
| **SIF.17.** Cerebral / cortical atrophy | | 🞎 No 🞎 Yes | | **SIF.18.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | 🞎 No 🞎 Yes | |
| **SIF.19.** Corpus callosum abnormalities | | 🞎 No 🞎 Yes | | **SIF.20.** Cerebellar abnormalities | 🞎 No 🞎 Yes | |
| **SIF.21.** Porencephaly | | 🞎 No 🞎 Yes | | **SIF.22.** Hydranencephaly | 🞎 No 🞎 Yes | |
| **SIF.23.** Moderate or severeventriculomegaly/  hydrocephaly | | 🞎 No 🞎 Yes | | **SIF.24.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | 🞎 No 🞎 Yes | |
| **SIF.25.** Other major brain abnormalities | | 🞎 No 🞎 Yes | | **SIF.26.** Anencephaly / acrania | 🞎 No 🞎 Yes | |
| **SIF.27.** Encephalocele | | 🞎 No 🞎 Yes | | **SIF.28.** Spina bifida | 🞎 No 🞎 Yes | |
| **SIF.29.** Holoprosencephaly/  arhinencephaly | | 🞎 No 🞎 Yes | | **SIF.30.** Structural eye abnormalities/dysplasia | 🞎 No 🞎 Yes | |
| **SIF.31.** Arthrogryposis | | 🞎 No 🞎 Yes | | **SIF.32.** Clubfoot | 🞎 No 🞎 Yes | |
| **SIF.33.** Hydrops | | 🞎 No 🞎 Yes | | **SIF.34.** Ascites | 🞎 No 🞎 Yes | |
| **SIF.35.** Other | | 🞎 No 🞎 Yes If yes, describe: | | | | |
| **SIF.36. Description of abnormal ultrasound findings:** | | | | | | | |
| **SIF.37. Date(s) of Ultrasound(s):**  🞎 **SIF.38.** *check*  *if date approximated*  **SIF.39.**  *if date not known,* gestational age  *\_\_\_\_ \_\_\_\_ (weeks) (days)* | **SIF.40. Overall fetal ultrasound results:** 🞎 Normal 🞎 Abnormal | | | | | | |
| **SIF.41.** 🞎 Reported by patient/healthcare provider **SIF.42.** 🞎 Ultrasound report | | | | | | |
| **SIF.43.** Head Circumference (HC) \_\_\_\_\_\_\_cm  **SIF.44.** 🞎 Normal 🞎 Abnormal (*by physician report*) | | | | | | |
| **SIF.45.** Biparietal diameter (BPD) \_\_\_\_\_\_cm  **SIF.46.** Femur length (FL) \_\_\_\_\_cm  **SIF.47.** Abdominal circumference (AC) \_\_\_\_\_cm | | | | | | |
| **SIF.48.** 🞎 Symmetric IUGR 🞎 Asymmetric IUGR (HC%>AC% or HC%>FL%) | | | | | | |
| **SIF.49.** Microcephaly | | 🞎 No 🞎 Yes | **SIF.50.** Intracranial calcifications | | 🞎 No 🞎 Yes | |
| **SIF.51.** Cerebral / cortical atrophy | | 🞎 No 🞎 Yes | **SIF.52.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | | 🞎 No 🞎 Yes | |
| **SIF.53.** Corpus callosum abnormalities | | 🞎 No 🞎 Yes | **SIF.54.** Cerebellar abnormalities | | 🞎 No 🞎 Yes | |
| **SIF.55.** Porencephaly | | 🞎 No 🞎 Yes | **SIF.56.** Hydranencephaly | | 🞎 No 🞎 Yes | |
| **SIF.57.** Moderate or severeventriculomegaly/  hydrocephaly | | 🞎 No 🞎 Yes | **SIF.58.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | | 🞎 No 🞎 Yes | |
| **SIF.59.** Other major brain abnormalities | | 🞎 No 🞎 Yes | **SIF.60.** Anencephaly / acrania | | 🞎 No 🞎 Yes | |
| **SIF.61.** Encephalocele | | 🞎 No 🞎 Yes | **SIF.62.** Spina bifida | | 🞎 No 🞎 Yes | |
| **SIF.63.** Holoprosencephaly/  arhinencephaly | | 🞎 No 🞎 Yes | **SIF.64.** Structural eye abnormalities/dysplasia | | 🞎 No 🞎 Yes | |
| **SIF.65.** Arthrogryposis | | 🞎 No 🞎 Yes | **SIF.66.** Clubfoot | | 🞎 No 🞎 Yes | |
| **SIF.67.** Hydrops | | 🞎 No 🞎 Yes | **SIF.68.** Ascites | | 🞎 No 🞎 Yes | |
| **SIF.69.** Other | | 🞎 No 🞎 Yes If yes, describe: | | | | |
| **SIF.70. Description of abnormal ultrasound findings:** | | | | | | | |
| Health Department Information | | | | | | | |
| SIF.71. Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIF.72. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIF.73. Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SIF.74.** **Date form completed** \_*\_\_\_\_\_\_\_\_\_\_* | | | | | | | |
| FOR INTERNAL CDC USE ONLY  Mother ID: State/Territory ID: Zika T ID: | | | | | | | |
| **R number**: \_\_\_\_\_\_\_\_\_\_\_\_\_ Mother infection type: 🞎 Confirmed 🞎 Probable 🞎 Possible 🞎 Exclude | | | | | | | |
| Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-1101). | | | | | | | |