INTERGROWTH- 21ST	Fetal Growth Longitudinal Study Newborn Cross-sectional Study **Neonatal Abnormality**	**NAB** Page 1 of 1

Study Subject Number 0 7 – | | | | |

Study Hospital Code 0 7 – | |

Section 1: Abnormalities observed at birth

In which of the following areas where the abnormalities seen?

Please provide detailed information in the text box for any abnormality where yes is crossed

1. Head	yes	no	9. Bladder	yes	no
2. Brain	yes	no	10. Limbs	yes	no
3. Face	yes	no	11. Lungs/Pleura	yes	no
4. Neck	yes	no	12. Kidneys	yes	no
5. Spine	yes	no	13. Genitalia	yes	no
6. Heart	yes	no	14. Chromosomal abnormality (e.g. Downs Syndrome)	yes	no
7. Anterior abdominal wall	yes	no	15. Other	yes	no
8. Gastro-intestinal	yes	no			

16 Detailed Information	

17 Final Diagnosis	

Once completed please Fax or Scan and email a copy of this form to the Coordinating Unit in Oxford

Name of Researcher	
Signature	
Researcher Code	