

# Batch Cover Sheet

Perinatal Data Collection

## INSTRUCTIONS:

1. This cover sheet must be included with all perinatal data collection (MR63D) forms for the month.
2. Please ensure that all forms for the month have been included.
3. Please complete all the details below:

### Hospital Staff to complete

	YEAR	TOTAL BIRTHS	TOTAL NUMBER OF FORMS

HOSPITAL/FACILITY NAME

HOSPITAL/FACILITY NUMBER

*For the MR63D Forms provided, please advise the total number of 'Sets of Twins', 'Sets of Other Multiple Births', 'Still Births', 'Neonatal Deaths', 'Antenatal Transfers', 'Postnatal Mother Transfers' and 'Baby Transfers' (if applicable) in the section below:*

Total  
Twins
Other  
Multiple  
Births

Stillbirths

Neonatal  
Deaths

TRANSFER DETAILS

Antenatal  
Transfers

Postnatal

Mother

Baby

ANY COMMENTS AND/OR AMENDMENT REQUIRED

SIGNATURE

NAME / TITLE

PHONE NUMBER