**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

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL BIRTHS</th>
<th>TOTAL NUMBER OF FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITAL/FACILITY NAME</th>
<th>HOSPITAL/FACILITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Transfers**: [ ]
  - **Baby Transfers**: [ ]

**ANY COMMENTS AND/OR AMENDMENT REQUIRED**

**SIGNATURE**

**NAME / TITLE**

**PHONE NUMBER**