

# PUBLIC HEALTH SERVICE STERILIZATION RECORD

(IMPORTANT: Please read instructions on reverse side of form.)

(For monitoring and auditing sterilizations subject to Federal Regulation 42 CFR 50.201 et seq.)								Reporting Period (From and To)		
<b>PROGRAM / PROJECT IDENTIFICATION (Name)</b>								<b>City and State</b>		
Patient Identification (Do Not Use Names or Social Security Numbers)  (1)	Date of Birth (mo-day-yr)  (2)	Date Consent Signed (mo-day-yr)  (3)	Date of Procedure (mo-day-yr)  (4)	Sex of Patient  (5)	Circumstances of Sterilization (Check Appropriate block)			Race/Ethnicity (if provided by patient on consent form)  (7)	Interpreter (Check if Applicable)  (8)	Source(s) of payment (Enter all that apply)  (9)
					Normal  (6)	Emergency Abdominal Surgery  (6)	Premature Delivery  (6)			

(10) Total number of hysterectomies performed or arranged for \_\_\_\_\_

**To the best of my knowledge the data reported above accurately represent the sterilization activities during the time specified.**

Name (Type or Print)	Title	Signature	Date

# Instructions for Completing PUBLIC HEALTH SERVICE STERILIZATION RECORD

## General

The Federal regulations at 42 CRF 50.201-209 are applicable to programs and projects for health services which are supported in whole or in part by Federal financial assistance, whether by grant or contract, administered by the Public Health Service. Section 50.208(c) requires that each program or project submit such reports as required by the Secretary. This requirement will be fulfilled by the semi-annual submission of the STERILIZATION RECORD.

Programs or projects required to report include, but are not limited to, Family Planning Projects assisted with funds authorized by Title X of the Public Health Service Act and Title V of the Social Security Act; Community Health Centers (Section 330 of the Public Health Service Act); Migrant Health Projects (Section 329 of the Public Health Service Act).

Reports must be submitted on sterilizations performed or arranged for by programs or projects. The term "perform" means to pay for or directly provide the medical procedure itself.

The term "arrange for" means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with, another health care provider) for the performance of a medical procedure on an individual by a health care provider other than the program or project. It involves active participation by the program or project in the planning or setting up the procedure. Arranging for a sterilization includes paying for services related to the performance of the procedure such as transportation or counseling but does not include paying for the procedure itself. It also includes making an appointment with another provider for the procedure itself but does not include making an appointment with another provider when a sterilization has not yet been decided upon.

Programs or projects may not perform or arrange for any hysterectomy solely for the purpose of sterilization or where, if there is more than one purpose to the procedure, the hysterectomy would not be performed but for the purpose of sterilization. The regulations do not prohibit medically indicated hysterectomies such as those for the removal of a cancerous uterus.

## Reports are to be submitted to:

Women, Infant & Community Wellness Section  
1929 Mail Service Center  
Raleigh, NC 27699-1929

## Completion of STERILIZATION RECORD:

1. Patient identification: Record the patient's medical record number or other unique identifier which permits accessing all other records for the particular patient. *Unless necessary, patients' names or social security numbers should not be used. In no case must the patient's name or social security number appear on the copy sent to the State Office.*
2. Date of Birth: Record the month, day, and year of birth. If any portion of the date of birth is unknown to the patient, and therefore not recorded, an explanation should be entered together with sufficient information to indicate that adequate investigation was carried out to ensure that the patient has reached at least 21 years of age.
3. Date Consent Signed: Record the month, day, and year legally effective informed consent was obtained from the patient sterilized, as evidenced by the signing of the consent form.
4. Date of Procedure: Record the month, day, and year the sterilization procedure was performed or, if not performed at the project but resulted from arrangements by the project, the month, day, and year for which the operation was scheduled.
5. Sex of Patient: Record "M" for male or "F" for female.
6. Circumstances of Sterilization: Check "Emergency Abdominal Surgery" block for sterilizations done in conjunction with emergency abdominal surgery. Check "Premature Delivery" block for female sterilizations done in conjunction with premature deliver. Check "Normal" block for *all* other sterilizations.
7. Race/Ethnicity: The individual seeking sterilization is asked to supply this information, *but it is not required*. Record as "No" (no designation) for those who chose not to supply the information. Enter the appropriate letter for the categories explained below.
  - "B" *Black*, not of Hispanic origin – A person having origins in any of the black racial groups of Africa.
  - "H" *Hispanic* – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
  - "P" *Pacific Islander or Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
  - "A" *American Indian or Alaskan Native* – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
  - "W" *White*, not Hispanic origin – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
8. Interpreter: Check if an interpreter was required for the informed consent process, as evidenced by the interpreter certification section of the consent form.
9. Source(s) of Payment: Enter funding source(s). If there are multiple sources, enter all, e.g., "Title XIX"; "Title XX"; "PHS" (includes PHS Title X, Section 330, Section 319, and SSA Title V); and "N.F." (non-Federal funds).
10. Enter total number of hysterectomies performed or arranged for. See fifth paragraph under GENERAL section.