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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02541 (11/2019) | | | | **STATE OF WISCONSIN**  Page 1 of 3 | | | |
| **WISCONSIN BIRTH DEFECTS CONDITION NOMINATION** | | | | | | | |
| Please select if you are nominating to add or remove a condition.  Add Condition  Remove Condition | | | | | | | |
| \*All nominators and co-sponsoring organizations must complete a Conflict of Interest Determination (contact program for a copy).  **NOTE:** Provide key references for each statement with the corresponding reference number listed on [page 2](#keyreferences). | | | | | | | |
| **NOMINATED CONDITION INFORMATION** | | | | | | | |
| Nominated Condition | | | | | | Date of Nomination | |
|  | | | | | |  | |
| Nominator | | | | | | | |
| Name | | Organization | | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | | |  | | |
| Street Address | | | City | | | State | Zip Code |
|  | | |  | | |  |  |
| Email Address | | | | | | Phone Number | |
|  | | | | | |  | |
| 1. Co-Sponsoring Organization (if applicable; include additional sponsors on [page 3](#additionalco), if needed) | | | | | | | |
| Name | | Organization | | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | | |  | | |
| Street Address | | | City | | | State | Zip Code |
|  | | |  | | |  |  |
| Email Address | | | | | | Phone Number | |
|  | | | | | |  | |
| Associated ICD-10 Code | Description of Condition | | | | | | |
|  |  | | | | | | |
| Case Definition (e.g., CDC, CSTE; optional) | | | | | | | |
|  | | | | | | | |
| Incidence and Method of Determination (determined by method(s), e.g., pilot screening, clinical identification, literature review) | | | | | | | |
|  | | | | | | | |
| Severity of Disease (e.g., morbidity, disability, mortality, spectrum of severity, natural history) | | | | | | | |
|  | | | | | | | |
| Do other state birth defects registries capture the nominated condition?  Yes  No. If yes, list below. | | | | | | | |
|  | | | | | | | |
| Add Condition | | | | | | | |
| Why should this condition be added? | | | | | | | |
|  | | | | | | | |
| Why is this condition a public health concern? | | | | | | | |
|  | | | | | | | |
| Remove Condition | | | | | | | |
| Why should this condition be removed? | | | | | | | |
|  | | | | | | | |
| Why is this condition no longer a public health concern? | | | | | | | |
|  | | | | | | | |

| **NOMINATED CONDITION INFORMATION** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Nominated Condition | | | | | Date of Nomination | |
|  | | | | |  | |
| **CRITERION DEFINITION** | | | | | | |
| **All nominated conditions must meet all five established primary birth defect criteria. Emerging conditions may be excluded from this requirement.**  **Criterion 1:** Conditionconforms to the statutory definition of a birth defect (i.e., a structural deformation, disruption or dysplasia, or a genetic, inherited, or biochemical disease that occurs prior to or at birth).  **Criterion 2:** Condition is usually identifiable by two years of age (the limit of the statute).  **Criterion 3:** Condition has medical, surgical, or developmental significance.  **Criterion 4:** Condition is of ‘sufficient’ frequency (birth prevalence), which is an estimated birth prevalence of 1 in 30,000 births. In Wisconsin, this would mean that two or more occurrences each year in Wisconsin would be expected.  **Criterion 5:** Condition is likely to be ascertained through assessment in one or more specialty clinics. | | | | | | |
| **KEY REFERENCES** | | | | | | |
| Reference | Criterion 1 | | | | | |
| 1. |  | | | | | |
| 2. |  | | | | | |
| Criterion 2 | | | | | | |
| 3. |  | | | | | |
| 4. |  | | | | | |
| Criterion 3 | | | | | | |
| 5. |  | | | | | |
| 6. |  | | | | | |
| Criterion 4 | | | | | | |
| 7. |  | | | | | |
| 8. |  | | | | | |
| Criterion 5 | | | | | | |
| 9. |  | | | | | |
| 10. |  | | | | | |
| Submission Instructions | | | | | | |
| Include:  This form, Wisconsin Birth Defects Condition Nomination, completed  Conflict of Interest Determination, completed by nominator and all co-sponsoring organizations (form available upon request)  Documentation of references supporting criteria  PDF format (or hard copies if mailing) of references | | | | | | |
| Submit nominations to: [DHSWBDR@dhs.wisconsin.gov](mailto:DHSWBDR@dhs.wisconsin.gov?subject=Wisconsin%20Birth%20Defects%20Condition%20Nomination).  Or mail to: Wisconsin Department of Health Services  Division of Public Health  Birth Defects Prevention and Surveillance Program  1 W Wilson Street, Rm 233  Madison, WI 53703 | | | | | | |
| **FOR STAFF USE ONLY** | | | | | | |
| Select if the condition is either emerging or non-emerging.  Emerging Public Health Concern Condition  Non-emerging Condition | | | | | | |
| **ADDITIONAL CO-SPONSORING ORGANIZATIONS** | | | | | | |
| 2. Co-Sponsoring Organization | | | | | | |
| Name | | Organization | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | |  | | |
| Street Address | | | City | | State | Zip Code |
|  | | |  | |  |  |
| Email Address | | | | | Phone Number | |
|  | | | | |  | |
| 3. Co-Sponsoring Organization | | | | | | |
| Name | | Organization | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | |  | | |
| Street Address | | | City | | State | Zip Code |
|  | | |  | |  |  |
| Email Address | | | | | Phone Number | |
|  | | | | |  | |
| 4. Co-Sponsoring Organization | | | | | | |
| Name | | Organization | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | |  | | |
| Street Address | | | City | | State | Zip Code |
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| Email Address | | | | | Phone Number | |
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| 5. Co-Sponsoring Organization | | | | | | |
| Name | | Organization | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | |  | | |
| Street Address | | | City | | State | Zip Code |
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| Email Address | | | | | Phone Number | |
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| 6. Co-Sponsoring Organization | | | | | | |
| Name | | Organization | | Affiliation (e.g., clinician, advocate) | | |
|  | |  | |  | | |
| Street Address | | | City | | State | Zip Code |
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| Email Address | | | | | Phone Number | |
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