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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-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.Or mail to: Wisconsin Department of Health ServicesDivision of Public HealthBirth Defects Prevention and Surveillance Program1 W Wilson Street, Rm 233Madison, 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 |
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| Email Address | Phone Number |
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| 3. Co-Sponsoring Organization |
| Name | Organization | Affiliation (e.g., clinician, advocate) |
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| Email Address | Phone Number |
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| 4. Co-Sponsoring Organization |
| Name | Organization | Affiliation (e.g., clinician, advocate) |
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| 5. Co-Sponsoring Organization |
| Name | Organization | Affiliation (e.g., clinician, advocate) |
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| Email Address | Phone Number |
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| 6. Co-Sponsoring Organization |
| Name | Organization | Affiliation (e.g., clinician, advocate) |
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| Street Address | City | State | Zip Code |
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| Email Address | Phone Number |
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