OPTIONAL: NICU PENDING ELIGIBILITY LOG 2025 ELIGIBILITY LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY

DO NOT SUBMIT TO CPQCC

Center Number:	Center Name:
Center Number.	Center Maine.

Patient's Name	Birth Date (MM/DD/YYYY)	Birth Time (00:00) AM/PM	rth Time Admit Date 00) AM/PM (MM/DD/YY)	Date of Day 28	answer Yl	ON CRITERIA: ES to at least of Ifant reaching	If infant is eligible, enter date below and enter the		
				≤1500 grams? (Yes/No)	GA ≤ 31/6? (Yes/No)	Acute transpo Nasal IMV/SIM form of non-in ventilation) for continuous ho Intubated assi greater than fo hours, Early bacterial Major surgery anesthesia, Previously dis then readmitte billirubin of gre to 25 mg/dl (42 and/or exchan	th, rt into your NICU, rt into your NICU, rt out of your NICU, V (or any other tubated assisted greater than four urs, sted ventilation for our continuous sepsis, requiring charged home and d for a total serum ater than or equal 77 micromols/liter) ge transfusion, sephalopathy or yxia, Active	infant in the Patient Log (MM/DD/YY)	

^{*}This form was adapted from a log developed by Vermont Oxford Network