## **NICU TRANSPORT LOG 2025**

## ELIGIBILITY LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY DO NOT SUBMIT TO CPQCC

Center Number	Center Name
<del></del>	

NICU Record ID Number	Patient's Name	Birth Date (MM/DD/YY)	Birth Time (00:00) AM/PM	Transfer Date (MM/DD/YY)	Transfer Hospital Name	CPQCC Member? (Yes/No)	Sent*	Items 64-65 Sent** (MM/DD/YY)	Sent***	Item 67 Sent**** (MM/DD/ YY) Required for all Transfer S

<sup>\*</sup>This form was adapted from a log developed by Vermont Oxford Network

<sup>\*</sup>Submit Items 61-63 for all transported infants when the Post Transfer Disposition is known.

<sup>\*\*</sup>Submit Items 64-65 for all readmitted infants when the Disposition After Readmission is known

<sup>\*\*\*</sup>Submit Items 66 and 67 for all infants who were transferred more than once when the Ultimate Disposition is known.

<sup>\*\*\*\*</sup>Submit Item 67 for all infants who were transferred when the Date of Final Discharge or Death is known.