

# MALAYSIAN NATIONAL NEONATAL REGISTRY

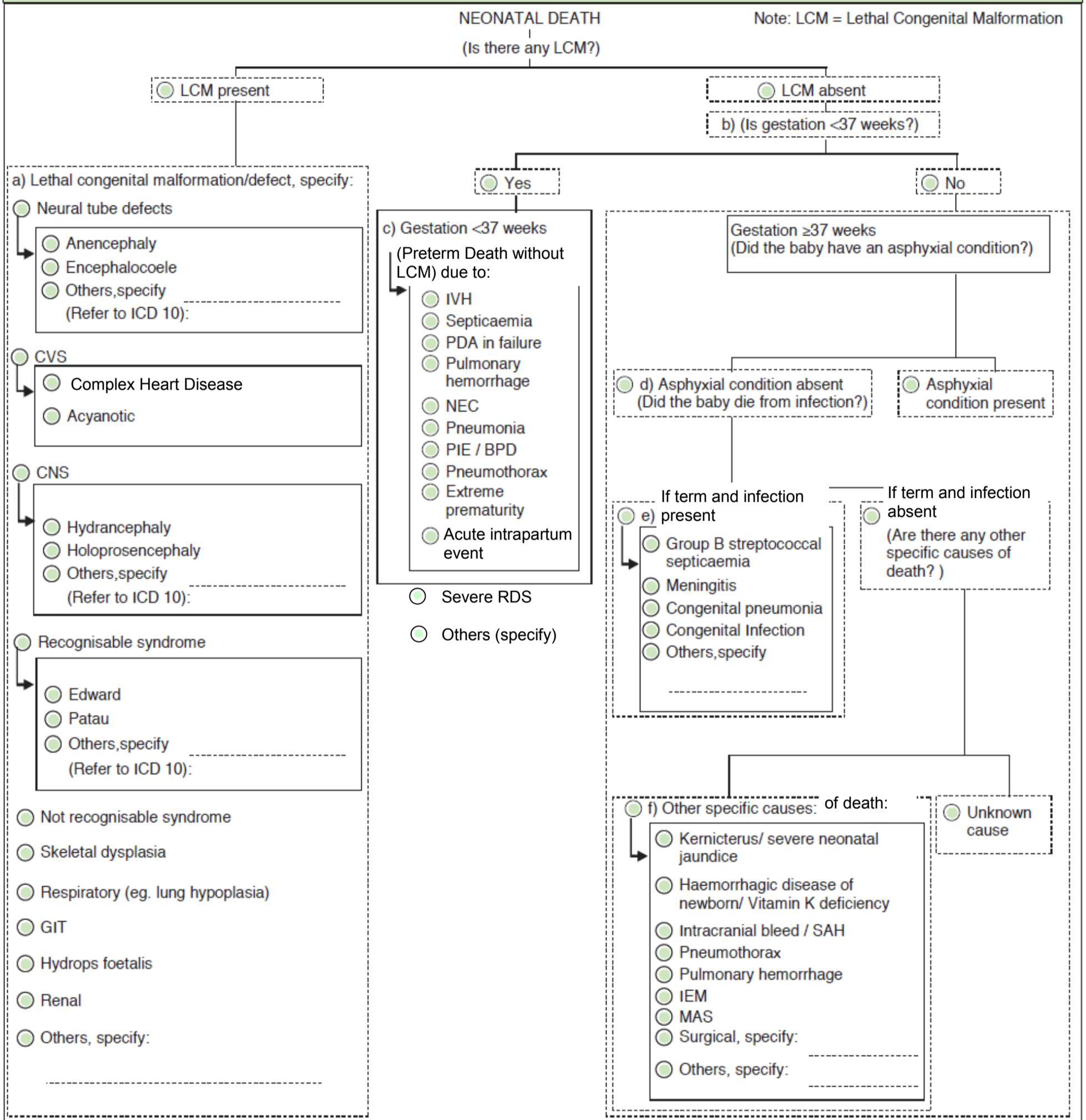
## Supplementary Form

**Instruction:**

- 1) For term babies please fill in according to the most pertinent underlying cause of death.  
 2) For preterm babies please fill in according to the most immediate cause of death.

1. Centre Name:		3. RN:		Office use:	/	
2. Name:		Passport:		Centre:		
4. Mother's I/C Number:	New IC:					

**Immediate cause of death (Modified Wigglesworth):** Tick relevant button to reach correct classification



f) Other specific causes: of death:

- Kernicterus/ severe neonatal jaundice
- Haemorrhagic disease of newborn/ Vitamin K deficiency
- Intracranial bleed / SAH
- Pneumothorax
- Pulmonary hemorrhage
- IEM
- MAS
- Surgical, specify: \_\_\_\_\_
- Others, specify: \_\_\_\_\_

Unknown cause

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date:  /  /  (dd/mm/yy)