Infant ID: ☐☐

DolPHIN 2 Study (054) NEONATAL -1 (092)

Visit Date: ☐☐ ☐☐ 2 0 ☐☐
dd *mm* *yyyy*

Study ID ☐☐☐☐☐
Site # Subject #

NEONATAL EXAMINATION FORM

Visit code: ☐☐.☐

1.Date of delivery: ☐☐ ☐☐ 2 0 ☐☐
dd mm yyyy

Infant Surface Examination for Major External Birth Defects

2. Date infant examination done: ☐☐ ☐☐ 2 0 ☐☐
dd mm yyyy

	Normal	**Priority Birth *Defects*** *(circle any that apply)*	**Comment** *(include any findings)*	**ICD 10 CODE**
3. Head and Neck	☐ Yes ☐ No	craniorachischisis, anencephaly, anotia, microtia		
4. Face & Mouth	☐ Yes ☐ No	Cleft lip and palate		
5. Chest	☐ Yes ☐ No			
6. Abdomen	☐ Yes ☐ No	Gastroschisis, exomph-alos ***(omphalocele)***		
7. Back	☐ Yes ☐ No	Spina Bifida ***(cervical, lumbar-sacral, sacral)***		
8. Limbs (arms, legs)	☐ Yes ☐ No	Limb reduction defects ***(upper and lower limbs)***		
9. Hands & Feet	☐ Yes ☐ No	Talipes equinovarus ***(club feet)***		
10. Genitalia	☐ Yes ☐ No	Hypospadias		
11. Anus	☐ Yes ☐ No	Imperforate anus		
12. Skin	☐ Yes ☐ No	Albinism		
13. General	☐ Yes ☐ No	Down's syndrome, fetal Alcohol syndrome		

Comments (including full description of birth defects/s

Patient Initials ☐ – ☐ – ☐
First Middle Last

Staff Initials / Date

DOLPHIN 2 STUDY PROTOCOL

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Infant ID: ☐☐

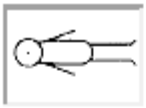
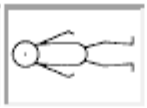
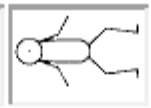
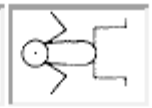
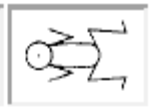
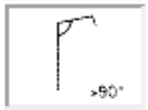
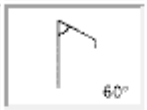
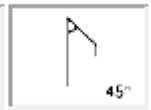
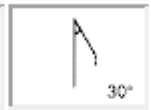
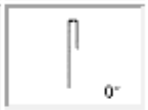
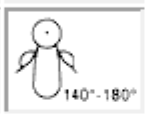
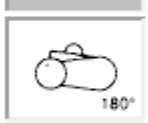
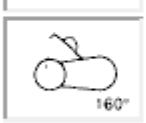
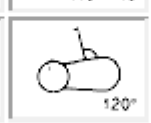
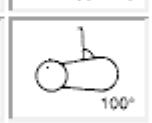
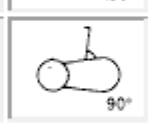
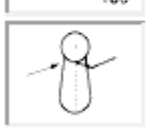
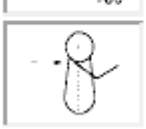
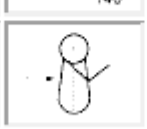
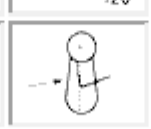
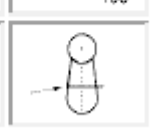
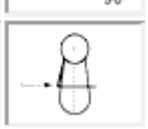
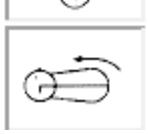
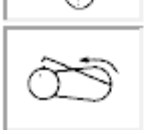
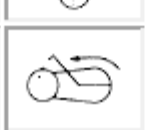
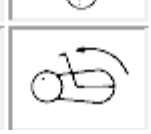
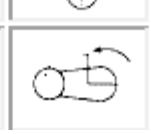
DolPHIN 2 Study (054) NEONATAL - 2 (093)

Study ID ☐☐☐☐☐ – ☐☐☐☐
Site # Subject #

Visit code: ☐☐.☐

NEONATAL EXAMINATION FORM

10. NEUROMUSCULAR MATURITY

SIGN	-1	0	1	2	3	4	5	SIGN SCORE
Posture								☐
Square Window								☐
Arm Recoil								☐
Popliteal Angle								☐
Scarf Sign								☐
Heel To Ear								☐
		TOTAL NEUROMUSCULAR MATURITY SCORE						☐☐

Patient Initials ☐ – ☐ – ☐
First Middle Last

Staff Initials / Date

DOLPHIN 2 STUDY PROTOCOL

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4th Review: _____ Initials	_____/_____/20___ Date	*Faxed by:* _____ Initials	_____/_____/20___ Date

Infant ID: ☐☐

DolPHIN 2 Study (054) NEONATAL - 3 (094)

Study ID ☐ – ☐☐☐☐
Site # Subject #

NEONATAL EXAMINATION FORM

Visit code: ☐☐.☐

SIGN	-1	0	1	2	3	4	5	SIGN SCORE
Skin	Sticky, friable, transparent	gelatinous, red, translucent	smooth pink, visible veins	superficial peeling &/or rash, few veins	cracking, pale areas, rare veins	parchment, deep cracking, no vessels	leathery, cracked, wrinkled	☐
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald		☐
Plantar surface	heel-toe 40-50mm: -1 <40mm: -2	>50 mm no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole		☐
Breast	imperceptable	barely perceptable	flat areola no bud	stippled areola 1-2 mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud		☐
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open pinna flat stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm instant recoil	thick cartilage ear stiff		☐
Genitals (male)	scrotum flat, smooth	scrotum empty, faint rugae	testes in upper canal, rare rugae	testes descending, few rugae	testes down, good rugae	testes pendulous, deep rugae		☐
Genitals (female)	clitoris prominent & labia flat	prominent clitoris & small labia minora	prominent clitoris & enlarging minora	majora & minora equally prominent	majora large, minora small	majora cover clitoris & minora		☐
							TOTAL PHYSICAL MATURITY SCORE	☐☐

Patient Initials ☐ – ☐ – ☐
First Middle Last

Staff Initials / Date

DOLPHIN 2 STUDY PROTOCOL

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4th Review: _____ Initials	_____/_____/20___ Date	*Faxed by:* _____ Initials	_____/_____/20___ Date

Infant ID: ☐☐

DolPHIN 2 Study (054) NEONATAL - 4 (095)

Study ID ☐ – ☐☐☐☐
Site # Subject #

NEONATAL EXAMINATION FORM

Visit code: ☐☐ . ☐

12. Gestation by Dates: ☐☐ weeks

13. Time of Birth: hr ☐☐ : min ☐☐ 24-hr clock

14. Apgar: ☐ *1 min* ☐☐ *Apgar number* ☐ *5 min* ☐☐ *Apgar number*

SCORING

15. Maturity Rating	
TOTAL SCORE	☐ -10 ☐ -5 ☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50
WEEKS	☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 28 ☐ 30 ☐ 32 ☐ 34 ☐ 36 ☐ 38 ☐ 40 ☐ 42 ☐ 44

16. Age at Exam: ☐☐ Hours OR ☐☐ Days

INSTRUCTIONS FOR TOTAL BALLARD SCORE INTERPOLATION:

For example if total Ballard score is 27 interpolate as follows:

25 = 34 weeks
26 = 34 weeks
27 = 34 weeks
28 = 35 weeks
29 = 35 weeks
30 = 36 weeks

This principle is applied to all total scores falling in between the standard scores given at the scoring table.
Further details on:
http://www.ballardscore.com/Pages/FAQs/FAQ8-ScoreInterpolation.aspx

Patient Initials ☐ – ☐ – ☐
First Middle Last

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DOLPHIN 2 STUDY PROTOCOL

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3rd Review: _____ Initials	_____/_____/20___ Date	*Faxed by:* _____ Initials	_____/_____/20___ Date
4th Review: _____ Initials	_____/_____/20___ Date	*Faxed by:* _____ Initials	_____/_____/20___ Date