

# Attachment 7c: NCFRP Case Reporting System - SDY Module Section N

The screenshot shows a web browser window with the URL <https://data.ncfrp.org/SectionTREVSDY/Edit/261584>. The browser's address bar shows the page is secure. The page header includes the NCFRP logo and the text "Center for Fatality Review & Prevention". A user is logged in as "Meghan Faulkner. ( CDR - Vermont ) Logout".

The main content area is titled "Case Sections" and lists various categories: # - Case Definition, A - Child Information, A1 - All Ages, B - Biological Parents, C - Primary Caregivers, D - Supervisor, E - Incident, F - Investigation, G - Cause of Death, I - Circumstances, I1 - SDY, I2 - Sleep Related, I3 - Consumer Product, I4 - Another Crime, I5-CAN/Supervision/Hazard, J - Person Responsible, and K - Services.

A green notification bar at the top of the form area states "Case saved successfully". Below this, the page title is "CDR - Enter Case Information [47-01-2018-00012]" with a "Print this section" link. The section is titled "Section N: SUID and SDY Case Registry".

The text under Section N reads: "OMB No. 0920-1092, Exp. Date: 12/31/2018. Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)".

The first question is "1. Is this an SDY or SUID case?". It has two radio button options: "Yes" and "No". A "Deselect answer" link is located to the right of the options.

# Attachment 7b NCFRP Case Reporting System - SDY Module

N. SUID AND SDY CASE REGISTRY		This section displays online based on your state's settings.
<small>Section N: OMB No. 0920-1092, Exp. Date: 12/31/2018</small> <small>Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)</small>		
1. Is this an SDY or SUID case? <input type="radio"/> Yes <input type="radio"/> No		If no, go to Section O
2. Did this case go to Advanced Review for the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No If yes, date of first Advanced Review meeting:		3. Notes from Advanced Review meeting, including case details that helped determine SDY categorization and any ways to improve the review:
4. Professionals at the Advanced Review meeting, check all that apply:		
<input type="checkbox"/> Cardiologist <input type="checkbox"/> Death investigator <input type="checkbox"/> Geneticist or genetic counselor <input type="checkbox"/> Pediatrician <input type="checkbox"/> CDR representative <input type="checkbox"/> Epileptologist <input type="checkbox"/> Mental health professional <input type="checkbox"/> Public health representative <input type="checkbox"/> Coroner <input type="checkbox"/> Forensic pathologist/medical examiner <input type="checkbox"/> Neonatologist <input type="checkbox"/> Others, specify:		
5. Did the Advanced Review team believe the autopsy was comprehensive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

7. Was a specimen sent to the SDY Case Registry biorepository? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		8. Did the family consent to have DNA saved as part of the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, why not? <input type="radio"/> Consent was not attempted <input type="radio"/> Consent was attempted but follow up was unsuccessful <input type="radio"/> Consent was attempted but family declined <input type="radio"/> Other, specify:	
9. Categorization for SDY Case Registry (choose only one):			
<input type="radio"/> Excluded from SDY Case Registry <input type="radio"/> Explained neurological <input type="radio"/> Explained other, specify: <input type="radio"/> Unexplained, SUDEP <input type="radio"/> Incomplete case information <input type="radio"/> Explained infant suffocation (under age 1) <input type="radio"/> Unexplained, possible cardiac <input type="radio"/> Unexplained infant death/SUID (under age 1) <input type="radio"/> Explained cardiac <input type="radio"/> Unexplained, possible cardiac and SUDEP <input type="radio"/> Unexplained child death (age 1 and over)			
10. Categorization for SUID Case Registry (choose only one):		11. Check the box below when a SUID case is complete and ready for inclusion in the SUID data analyses. This box should be checked if a completed case is awaiting SDY Advanced Review or not going to SDY Advanced Review.	
<input type="radio"/> Excluded (other explained causes, not suffocation) <input type="radio"/> Unexplained: No autopsy or death scene investigation <input type="radio"/> Unexplained: Incomplete case information <input type="radio"/> Unexplained: No unsafe sleep factors <input type="radio"/> Unexplained: Unsafe sleep factors <input type="radio"/> Unexplained: Possible suffocation with unsafe sleep factors <input type="radio"/> Explained: Suffocation with unsafe sleep factors		If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply: <input type="checkbox"/> Soft bedding <input type="checkbox"/> Wedging <input type="checkbox"/> Overlay <input type="checkbox"/> Other, specify:	
		<input type="checkbox"/> SUID Case Registry Data Entry Complete	