

This is a sample only. You will need to generate one from ABOG site when the time comes to sign up for boards.

LIST OF OBSTETRICAL PATIENTS - Senior Residency Cases

# Initials Pat #	H O S P	A G E	G R A V	P A R A	Gest. Age	COMPLICATIONS		Operative Procedures and/or Treatment	Nights in Hosp. (Not dates)	NEWBORN			
						Antepartum	Delivery or Postpartum			Peri- natal Death	Wgt.	Apgar 1 & 5 minutes	Nights in Hosp. (Not Dates)

Management of co-existing disease (cardiovascular, pulmonary, endocrine, psychiatric, etc.)

1												
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Genetic screening and testing (counseling, screen or test performed)

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Preterm labor; preterm delivery (affected or at-risk patients)

3												
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Fetal growth abnormalities

4													
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Hypertensive disorders of pregnancy (chronic hypertension, pre-eclampsia, eclampsia)

5													
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Pregestational and gestational diabetes mellitus

6													
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Nonobstetrical surgical conditions and emergencies (renal stone, appendicitis, trauma, adnexal mass, etc.)

7													
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Operative vaginal delivery

8													
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Cesarean delivery with or without intraoperative complications

9													
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Obstetrical lacerations (vulvar, perineal, OASIS, vaginal, cervical)

10													
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Labor induction or augmentation

11													
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Labor abnormalities (dystocia, PROM, cord problems, abnormal position or presentation, etc.)

12													
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Postpartum hemorrhage (atony, inversion, retained products, etc.)

13													
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Placental abnormalities (placenta or vasa previa, placenta accreta spectrum, abruption, etc.)													
14													
Acute maternal decompensation (amniotic fluid or pulmonary embolism, high spinal analgesia, sepsis, cardiovascular shock, etc.)													
15													
Prior cesarean delivery (TOLAC, VBAC, uterine rupture)													
16													
Intrapartum infection management (chorioamnionitis, group B streptococcus, HIV, HSV, etc.)													
17													

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Immediate postpartum sterilization or IUD insertion

18													
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Acute postpartum complications (hematoma, endometritis, surgical site infection, etc.)

19													
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Postpartum care of medical conditions (gestational DM, hypertension, depression, etc.)

20													
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Dessources, Kimberly

Candidate's Name: _____

Hospital/Clinical Site: UCLA David Geffen School of Medicine/UCLA Medical Center

Hospital Address: Dept. of Ob/Gyn 10833 Le Conte Avenue Room 27-139 CHS Los Angeles, California 90095-1740

I attest that the 20 **(total number)** of both obstetrical and/or gynecologic patients in this case list are accurate and include ALL the hospitalized and/or surgical center patients primarily cared for by

DOCTOR: _____ at this hospital site

between _____ and _____
(Date- mm/dd/yyyy) (Date-mm/dd/yyyy)

Signature and title of hospital/clinical site official (e.g., Supervisor of Medical Records):

HIMS Team Signs

(Signature)

(Full Title and Department)

(Printed Name)

(Date- mm/dd/yyyy)

This Affidavit is executed on the condition and with the understanding that its sole purpose is to attest that the listing of Candidate's patients discharged or transferred from the care of Candidate at this site is complete and accurate. It is further understood and a condition of the execution of this Affidavit that the names of the patients listed will NOT be disclosed to the American Board of Obstetrics and Gynecology (ABOG) and that any information concerning such patients which is disclosed by Candidate to ABOG shall first be de-identified as required to comply with HIPAA Regulations.

Typed electronic signatures that are not digitally verified will not be accepted.