

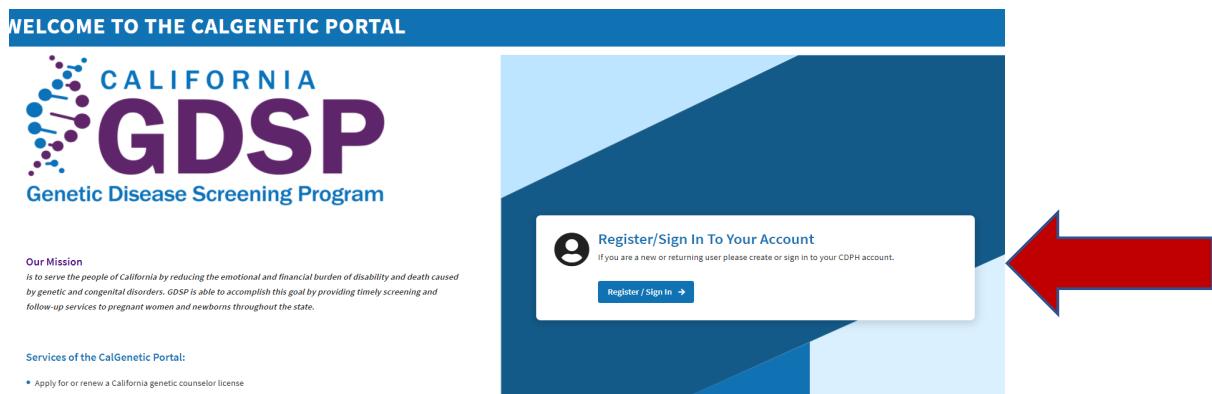
Confidential Report of an Outcome of Pregnancy

Portal Navigation Guidance

The [CalGenetic Portal](https://calgenetic.cdph.ca.gov) is a secure web-based portal platform. It is accessible at <https://calgenetic.cdph.ca.gov>. It's best to navigate the portal using **Microsoft Edge, Chrome, Firefox, or Safari browser**. This application is **NOT** optimized for Internet Explorer and this may mean that certain features and functions will not behave as intended. Bookmarking the site onto a commonly used web browser is recommended.

1. PORTAL REGISTRATION

First-time user of the CalGenetic Portal needs to register with an email account. The registration button can be found at the homepage of the CalGenetic portal at <https://calgenetic.cdph.ca.gov>.



Registration Steps:

- 1) Click on Register and you will be redirected to the registration page where you will enter the email address you wish to create an account with. **This must be your work associated email.**
- 2) Click on Send Verification Code, a verification code will be sent to the email address you have provided. You should receive this email in your inbox within 1-2 minutes. You will **NOT** be able to proceed until you have entered the verification code that was sent to you at the email address you provided.
- 3) Using the verification code sent to your email, enter the code into the Verification Code field. Your email is now verified, and you can proceed with creating your CalGenetic Portal account.

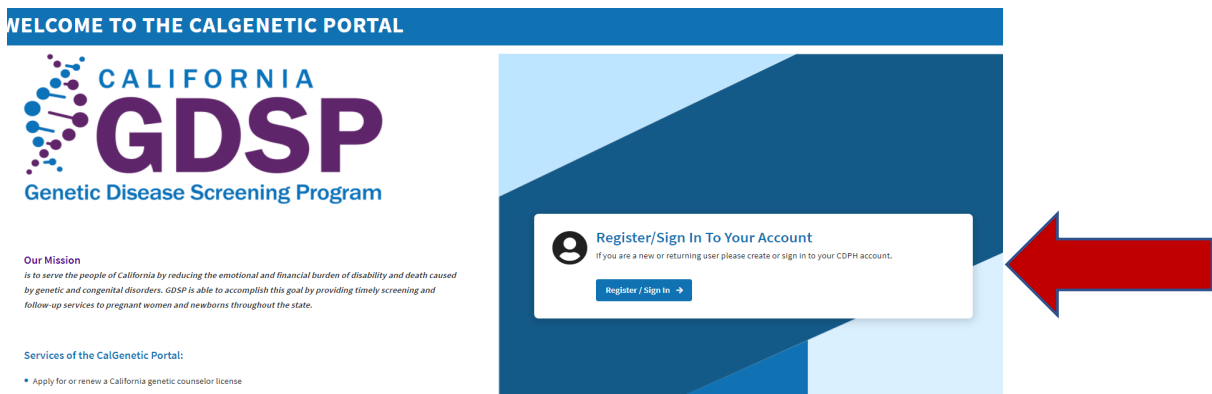
- 4) Enter a password, your first name, and last name, then click Create.

You have now successfully registered for a CalGenetic Portal account.

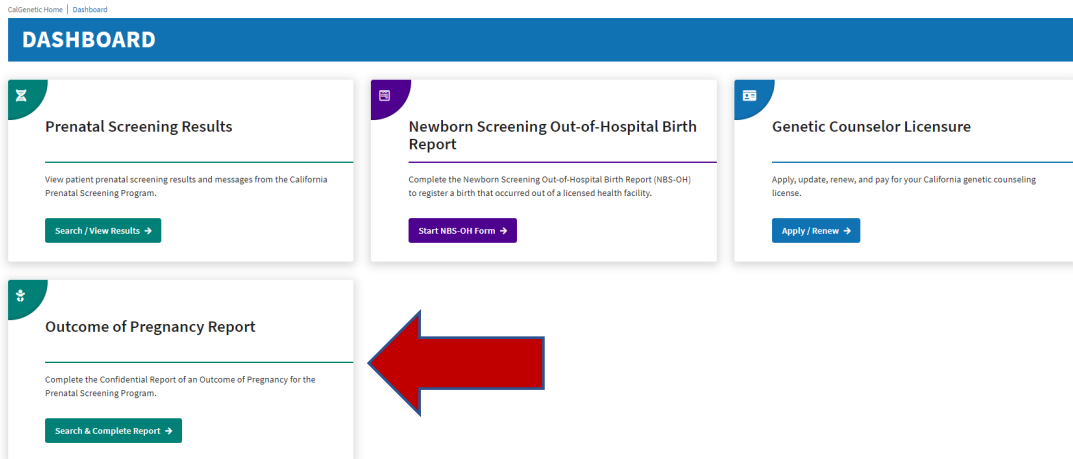
2. PORTAL LOGIN

Returned portal users can login directly from the CalGenetic Portal home page. First-time user needs to login after the abovementioned registration.

- 1) From the CalGenetic Portal home page at <https://calgenetic.cdph.ca.gov>, click on the 'Sign In' box.

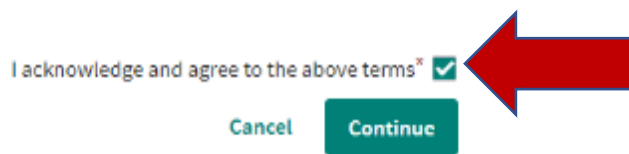


- 2) A 'Warning' box will appear and must be accepted.
- 3) Enter your email and password and click 'Sign In'.
- 4) The portal requires Multi-factor authentication (MFA). You will have to choose a phone number to receive a call or text to authenticate your account. It can be a work or personal phone but it is important that this number be available in the office and when working remotely.
- 5) Once you choose a number, you will choose if you want a text or phone call.
 - a. Answering the phone will trigger authentication.
 - b. A text will have a code that needs to be entered for authentication.
- 6) When authentication is confirmed, you will be directed to the portal Dashboard.
- 7) On the dashboard, click on the "Search & Complete Report" button in the "Outcome of Pregnancy Report" tile to start work on a Confidential Report of an Outcome of Pregnancy.
- 8) Once you login, you have 30 minutes for no activity. A warning message will pop out when inactivity on a page exceeds 20 minutes. Click on the 'Continue' button to start a new 30-minute session without any activity, or click on the "Cancel" button to have 10 more minutes to save a draft, end the session, log out, and return to the portal home page, or neither which will automatically log you out in 10 minutes.



3. *PRIVACY STATEMENT*

On the Privacy Statement page, read the statement regarding the California Code of Regulations on data collection, data use, and patient privacy. You have to click on the check box to acknowledge and agree to the Privacy Statement terms before you can “Continue” to the next page.



4. *SEARCH REPORTS*

To search for a pending report, you need to enter the unique Provide ID and the Form Number which are printed in the middle of the front page of the paper report that have been sent to you in mail. Click on “Search” button and the “Search Results” are displayed on the right side. Verify the form number, provider’s name, facility name, and facility address before a click on ‘Start Report’ button to navigate to the next page.

The portal page will display an error message under “Search Results” on the right side if the provider ID and the form number are entered incorrectly or the report has already been submitted. If there is any drafted report that you have started but not submitted, it will be displayed at the bottom under “Your In-Progress Reports”. You can proceed or delete the drafted report by clicking on the Edit or Delete icon on the right side.

SEARCH REPORTS

Search for a Pending Report

Unique Provider ID* ⓘ

Search Result

Form Number* ⓘ

🔍 Search Results Will Appear Here

↺ Reset

🔍 Search

SEARCH REPORTS

Search for a Pending Report

Unique Provider ID* ⓘ

OS1748392

Search Result

Please verify that this is the correct report before you start.

Form Number* ⓘ

921190302

Form Number 921190302
Provider Name Provider Name
Facility Name Facility Name
Facility Address 123 Main Street
Sacramento, CA 95811





↺ Reset

🔍 Search

Start Report →

Your In-Progress Reports

Continue working on your pending draft reports .

Patient Name	Patient DOB	Form Number	Edit/Delete
Kathy Lee	04/11/1990	309300198	 
Sandra Dominguez	09/20/1995	589043920	 

5. DATA ENTRY PROCEDURES AND PROCESS

Data Entry Page 1: Confirm Information and Get Started

The birthing parent's information is displayed in this page under "Confirm Information" which should be the same as the information printed on the front page of the paper report that have been sent to you in mail. Newborn information including birthdate and medical record number will be shown on the right side if available. Please note that the Newborn information is not printed on the paper report.

OUTCOME OF PREGNANCY REPORT

Confirm Information

Birthing Parent	Newborn 1	Newborn 2	
Name	Sandra Dominguez	Birthdate	02/03/2021
Birthdate	09/20/1995	Medical Record #	B33333333
Medical Record #	B92837739	Birthdate	02/03/2021
Address	123 Main St. Apt 1 Sacramento, CA 95811	Medical Record #	B33334444
Last 4 SSN	5555		
Form Number	398008983		
Tracer	572/4782-11-2020		
Blood Collection Date	02/03/2021		

If you cannot find the patient's medical record based on the abovementioned birthing parent and/or newborn information, click on the radio button before 'No' to the question in the 'Get Started' section to confirm no information available and then click on 'Next'. You will be directed to the "Connect Us with Another Provider" page to submit the report directly without going through any other questions. You will have a chance to enter another healthcare provider's contact information and optional comments before submission.

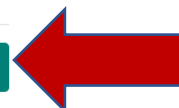
Get Started

Do you have information about this pregnancy or the outcome of this pregnancy? *

Yes No



← Previous Next →



If you find patient’s medical record based on the above birthing parent and/or newborn information, click on the radio button before ‘Yes’ to the question in the “Get Started” section. Another question on number of fetuses which is the Question 1 on the paper report will then be shown on the right side, select an answer and click on ‘Next’.

Get Started

Do you have information about this pregnancy or the birth of the newborn?
pregnancy? *

Yes No

How many fetuses/infants were in this pregnancy?*

1 2 3 4+ Unknown

← Previous **Next →**

If the index pregnancy had multiple fetuses more than 2, you will be directed to a ‘Submit the Report’ page to complete the submission without going through any other questions, since we do not collect information on triplets or higher-order multiple pregnancies.

Submit the Report

You reported a pregnancy with 3 or more fetuses/infants, which is beyond the scope of this report.
No additional information is required and you can submit the report now.

← Previous

Submit Report →




If the number of fetuses is unknown, you will be directed to the abovementioned “Connect Us with Another Provider” page to submit the report and optionally enter another healthcare provider’s contact information and additional comments.

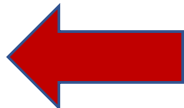
Data Entry Page 2: Pregnancy Information and Birthing Parent Risks

A. *Pregnancy Information section*

The first question on pregnancy end date or infant birthdate is the Question 2 in the paper report that you have received in the mail. It is a required question as indicated by an asterisk (*) in red. Choose ‘Unknown’ if the pregnancy end date or infant birthdate is not available.

The second question asks gestational age at birth or end of pregnancy and the dating method used to estimate the gestational age. It is the Question 7 in the paper report. If the gestational age is written as decimals in the medical records, click on the self-help message symbol  to display how to convert the decimal values of weeks into days by multiplying 7 and round up to the nearest whole number.

* = required



Pregnancy Information

Do you know the pregnancy end date or infant birthdate?*

Date Known Date Unknown

Date*

MM/DD/YYYY

Do you know the gestational age at birth or end of pregnancy?*

Yes No

Dating Method*

B. Birthing Parent Risks section

The first question in this section asks if the birthing parent had diabetes during pregnancy. It is the Question 3 in the paper report. If the answer is 'Yes', it then asks for diabetes type and insulin use during pregnancy. If the type of diabetes is 'Other', a description of the specific diagnosis or ICD-10 codes shall be entered.

Birthing Parent Risks

Did the birthing parent have diabetes during this pregnancy?*

Yes No Unknown

Diabetes Type*

Did birthing parent take insulin during this pregnancy?*

Yes No Unknown

Specific Diagnosis*

Enter specific diagnosis/ ICD-10 code or type 'unknown'.

The second question in this section collects information on observed obstetric risks or complications during the index pregnancy. It is the Question 4 in the paper report. Any diagnosis with ICD-10 codes between O00 and O99 shall be reported as obstetric risks or complications. It is a multiple-choice question. If 'Other' obstetric risk or complication is selected, a description of the specific diagnosis or ICD-10 codes shall be entered. Table 1 lists the ICD-10 codes for each obstetric risk or complication that is asked in this question.

Table 1. List of ICD-10 codes for obstetric risks or complications

Obstetric risks/complications	ICD-10 codes
Premature Rupture of Membranes	O42
Polyhydramnios	O40
Oligohydramnios	O41.0
Placenta Abruptio	O45
Pre-Eclampsia	O11, O14
Placenta Previa	O44
Other	O00-O13, O15-O39, O41, O43, O46-O99

Observed Obstetric Risks/Complications? i

Yes
 No
 Unknown

Select all that apply:

Birthing Parent Smoked
 Premature Rupture of Membranes
 Polyhydramnios
 Oligohydramnios
 Placenta Abruptio
 Pre-Eclampsia
 Placenta Previa
 Other

Specific Diagnosis or ICD-10 Code(s) i

unknown

Enter specific diagnosis/ ICD-10 code or type 'unknown'.

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[Save & Exit](#)
[Next >](#)

Click on the 'Next' button to navigate to the "Fetus/Infant Information" page when you finish. You won't be able to navigate to the next page if you have any required field that is not answered, error messages in red will display next to the field(s) that is/are required. You can save a draft by clicking on 'Save & Exit' in this page for a later submission. You will see the draft in the "Search Reports" page as mentioned above.

Data Entry Page 3: Fetus/Infant Information

A. *Fetus/infant last name*

It is the Question 5 in the paper report.

Fetus/Infant Information


Do you know the fetus/infant last name?*

Yes
 No


Last Name*

Dominguez

B. Fetus/Infant Details

This section asks for infant's first name, middle initial, sex, birth outcome, and birth weight which are the Questions 5, 6, 8, and 9 in the paper report. Birth weight can be entered either in grams or pounds. The self-help message symbol  next to "Birth Weight" displays how to convert kilograms into grams by multiplying 1000 and to convert decimal values of pounds into ounces by multiplying 16 and round up to the nearest whole number.

Fetus/Infant Details

First Name	Middle Initial	Sex*
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown
Birth Outcome*	Birth Weight* 	
<input type="text"/>	<input checked="" type="radio"/> Grams <input type="radio"/> Pounds <input type="radio"/> Unknown	<input type="text" value="g"/>

C. Chromosomal Abnormalities/Defects

This is the Question 10 in the paper report. Any diagnosis with ICD-10 codes between Q90 and Q99 shall be reported as chromosomal abnormalities/defects. It is a multiple-choice question. If "Sex Chromosomal Abnormality" or "Other" chromosomal abnormality or defect is selected, a description of the specific diagnosis or ICD-10 codes shall be entered. Table 2 lists the ICD-10 codes for each chromosomal abnormality that is asked in this question. Cytogenetic laboratory name and specimen numbers for the diagnostic testing are required fields if any chromosomal abnormality is identified.

Table 2. List of ICD-10 codes for chromosomal abnormalities/defects

Chromosomal abnormalities/defects	ICD-10 codes
Down Syndrome	Q90
Trisomy 18	Q91.0-Q91.3
Trisomy 13	Q91.4-Q91.7
Sex chromosomal abnormalities	Q96-Q98
Other	Q92-Q95, Q99

Significant chromosomal abnormalities?*

Yes No Unknown

Cytogenetic Lab Specimen Numbers (for Chromosomal Abnormalities)*

Separate multiple lab specimen numbers by a comma.

Chromosomal Testing Lab*

Indicate Lab*

Chromosomal abnormality type (select all that apply)*

- Down Syndrome
- Trisomy 18
- Trisomy 13
- Unknown
- Sex Chromosomal Abnormality

Specify Sex Chromosomal Abnormality:*

Enter specific diagnosis/ ICD-10 code or type 'unknown'.

- Other

Specific Chromosomal Abnormality:*

Enter specific diagnosis/ ICD-10 code or type 'unknown'.

D. Neural Tube Defects

This is the Question 11 in the paper report. Any diagnosis with ICD-10 codes of Q00, Q01, or Q05 shall be reported as neural tube defects. It is a multiple-choice question. If 'Other' neural tube defect is selected, a description of the specific diagnosis or ICD-10 codes shall be entered. Table 3 lists the ICD-10 codes for each neural tube defect that is asked in this question.

Table 3. List of ICD-10 codes for neural tube defects

Neural tube defects	ICD-10 codes
Anencephaly	Q00.0
Rachischisis	Q05.9
Craniorachischisis	Q00.1
Iniencephaly	Q00.2
Encephalocele	Q01
Spina Bifida	Q05
Spina Bifida with Hydrocephalus	Q05.0-Q05.4
Other	Q05.9

Neural Tube Defects (NTD)

Neural Tube Defects?* i

Yes No Unknown

Select all that apply*

Anencephaly

Rachischisis

Craniorachischisis

Iniencephaly

Encephalocele

Spina Bifida

Spina Bifida (with Hydrocephalus)

Other

Specify Defects* i

Enter specific diagnosis/ ICD-10 code or type 'unknown'.

E. Structural Birth Defects

This is the Question 12 in the paper report. Any diagnosis with ICD-10 codes between Q02-Q04 or between Q06 and Q89 shall be reported as structural birth defects. It collects information on the earliest diagnosis date, time (prenatal or at birth/postnatal), and method if structural birth defect(s) has/have been identified. It also asks for a description of the diagnosis or ICD-10 codes if any structural birth defect is selected. Table 4 lists the ICD-10 codes for each structural birth defect that is asked in this question. Click on 'Next' to navigate to the next page when you finish.

Table 4. List of ICD-10 codes for neural tube defects

Structural birth defects	ICD-10 codes
Gastroschisis	Q79.3
Omphalocele	Q79.2
Other Abdominal Wall Defect	Q79.5
Smith-Lemli-Opitz Syndrome	Q87.1, E78.72
Central Nervous System	Q02-Q04, Q06, Q07
Eye	Q10-Q15
Ear/Face/Neck	Q16-Q18
Cardiac	Q20-Q21
Circulatory System	Q22-Q28
Respiratory System	Q30-Q34
Cleft Palate/Lip	Q35-Q37
Digestive System	Q38-Q45
Genitalia/Urinary	Q50-Q64
Mucoskeletal/Limbs	Q65-Q79
Integumentary System	Q84
Other Unspecified	Q80-Q89

Structural Birth Defects?*

Yes No Unknown

Do you know the date of 1st diagnosis?*

Yes No Unknown

Diagnosis was:*

Prenatal Birth/Postnatal Unknown

Diagnosis Method*

Date of 1st Diagnosis*

MM/DD/YYYY

Select all the structural birth defects that apply:*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Gastroschisis | <input type="checkbox"/> Omphalocele | <input type="checkbox"/> Other Abdominal Wall Defect | <input type="checkbox"/> Smith-Lemli-Opitz Syndrome |
| <input type="checkbox"/> Central Nervous System | <input type="checkbox"/> Eye | <input type="checkbox"/> Ear/Face/Neck | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Circulatory System | <input type="checkbox"/> Respiratory System | <input type="checkbox"/> Cleft Palate/Lip | <input type="checkbox"/> Digestive System |
| <input type="checkbox"/> Genitalia/Urinary | <input type="checkbox"/> Mucoskeletal/Limbs | <input type="checkbox"/> Integumentary System | <input type="checkbox"/> Other Unspecified |

Specify Defects*

Enter specific diagnosis / ICD-10 code for all selected structural defects or type 'unknown'.

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[Save & Exit](#)

[Next →](#)

Please note that the above Sections B-E are separated for Fetus/Infant 1 and Fetus/Infant 2 if the number of fetuses is answered as 2 in the Data Entry Page 1.

Data Entry Page 4: Diagnostic Information

This page is only shown for patients who had nuchal translucency measurement ≥ 3.0 mm based on our data records. The two questions on ultrasound and echocardiogram exams in this portal page are the Questions 13 and 14 in the paper report. Both questions asked for the number of exams in each trimester, normal or abnormal findings, and exam date and description of up to two abnormal findings if there is any.

Diagnostic Information

Because the NT measurement was ≥ 3.0 mm, please answer the following:

Did the birthing parent have an ultrasound exam? *

Yes No Unknown

Number of Exams in Each Trimester ⁱ

1st Trimester*

2nd Trimester*

3rd Trimester*

Findings*

All Normal 1 or More Abnormal
 All Results Unknown

Exam 1

Abnormal Exam Results Date*

MM/DD/YYYY

Describe Abnormal Findings*

Exam 2

Abnormal Exam Results Date

MM/DD/YYYY

Describe Abnormal Findings

Data Entry Page 5: Connect Us with Another Provider

This Data Entry Page collects another healthcare provider's contact information if available and any additional comments about the index pregnancy or the outcome of the pregnancy. It is the Question 15 in the paper report. The other healthcare provider could be the patient's primary physician, a subsequent prenatal provider, or the birth hospital etc. who or where we could send another Confidential Report of an Outcome of Pregnancy for the question(s) with an 'Unknown' answer on the previous Data Entry Pages. It is not necessary to enter another provider's information if all questions in the previous Data Entry Pages have been answered.

Click on the 'Submit Report' button to complete the online submission of the Confidential Report when you finish.

Connect Us With Another Provider

If you answered 'unknown' to any questions in this report, can you provide contact details for a provider who may have more information on this pregnancy or the outcome of this pregnancy?*

Yes No I did not answer 'unknown' to any questions in this report.

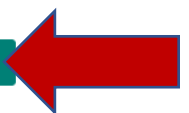
Comments

Please provide any additional pregnancy outcome information here.

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[Save & Exit](#)

[Submit Report →](#)



Data Entry Page 6: Report Submitted Successfully

Once the Confidential Report is submitted you can download a PDF file to save as an electronic copy or print a hard copy. The PDF file is formatted differently comparing to the blank paper report that has been sent to you in mail. You will have no further access to the submitted Confidential Report once you click on “Start Another Report” (if needed) or navigate away from this page.

REPORT SUBMITTED SUCCESSFULLY

✔ Your report was sent to CDPH. No further action is required.

Note: Be sure to download a copy of your report now if you need it for your records. You won't have access to this report once you leave this page.

 Download a Copy

Start Another Report

[Return to Dashboard →](#)

