Annexure -V

Biannual Report Format
State : Assam
Report Type: Bi-Annual
Reporting period : (April'18 to Dec'18)

Annexure V: Compilation of death audit report (Quarterly)

Name of the State	Name of the District	S.No.	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted ((PHC/CHC/DH/ Medical college/Accredited PVT/NGO Facility)	Camp/ Fixed day Static	Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/ Conventional Vasectomy/ NSV)	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the abortion was done	Whether Written consent obtained ? (Y/N)	Atropine used in preanaesthetic medication (Y/N)	Anesthesia used (LA/GA)	Empanelled Provider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/ home)	Any Post Operative complications (Y/N)	If yes, Write the Signs/ Symptoms	Under-lying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken
Assam	Baksa	1	NIL																				
	Barpeta	2	NIL																				
	Bongaigaon	3	NIL																				
	CACHAR	4	NIL																				
		5	NIL																				
	Darrang	6	NIL																				
	Dhemaji	7	NIL																				
	Dhubri	8	NIL																				
	Dibrugarh	9	NIL																				
	Dima Hasao	10	NIL																				
	Goalpara	11	NIL																				
	Golaghat	12	NIL																				
	Hailakandi	13	NIL																				
	Jorhat	14	NIL																				
	Kamrup(M)	15	NIL																				
	Kamrup®	16	NIL																				
	Karbi Anglong	17	NIL																				
	Karimganj	18	NIL																				
	Kokrajhar	19	NIL																				
	Lakhimpur	20	NIL																				
	Morigaon	21	NIL																				
	Nagaon	22	NIL																				
	Nalbari	23	NIL																				
	Sivsagar	24	NIL																				
	Sonitpur	25	NIL																				
	Tinsukia	26	NIL																				
	Udalguri	27	NIL																				