Annexure -V

Biannual Report Format

District :

Report Type: Bi-Annual

Reporting period : 4th qtr (Jan'2023 to March'2023)

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
1	Baksa		Nil																	
2	Barpeta		Nil																	
3	Biswanath		Nil																	
4	Bongaigaon		Nil																	
5	Cachar		Nil																	
6	Charaideo		Nil																	
7	Chirang		Nil																	
8	Darrang		Nil																	
9	Dhemaji		Nil																	
10	Dhubri		Nil																	
11	Dibrugarh		Nil																	
12	Dima Hasao		Nil																	
13	Goalpara		Nil																	
14	Golaghat		Nil																	
15	Hailakandi		Nil																	
16	Hojai		Nil																	
17	Jorhat		Nil																	
18	Kamrup		Nil																	
19	Kamrup Metro		Nil																	
20	Karbi Anglong		Nil																	
21	Karimganj		Nil																	
22	Kokrajhar		Nil																	
23	Lakhimpur		Nil																	
24	Majuli		Nil																	
25	Marigaon		Nil																	

26	Nagaon		Nil																	
27	Nalbari		Nil																	
28	Sivasagar		Nil																	
29	Sonitpur		Nil																	
30	South Salmara Mancachar		Nil																	
31	Tinsukia		Nil																	
32	Udalguri		Nil																	
33	West Karbi Anglong		Nil																	

Under-lying/ Primary cause of death	Death audited By DISC(Y/N)	Action Taken