Biannual Report Format
District : Tinsukia
Report Type: Bi-Annual

Reporting period : (July'23 to Sep'23)

Annexure V: Compilation of death audit report (Quarterly)																						
Name o the State	Name of the Diatrict	S.No.	Name of the deceased client		Sex	operation	Type of Facility where operation was conducted ((PHC/CHC/DH/ Medical college/Accredite d 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	specify the trimester in	Written	Atropine used in preanaesthetic medication (Y/N)	Anesthesia	Empanel led Provider (Y/N)		Time of death	Place of Death (Health Facility, Home, on- way to hospital/ home)	complications	cause of	Death audited By DISC(Y/ N)	Action Taken
Assam	N/A		Nil																			į
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