Annexure -V

<u>Biannual Report Format</u>

State: Assam

Report Type: **Bi-Annual**

Reporting period : 1st qtr (April'2023 to June'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			Type of Facility where operation was conducted ((PHC/CHC/D H/Medical college/Accredit ed PVT/NGO Facility)	p/ Fixed day	Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopic/	In case of Post Partum Sterilization specify if the delivery was Cesarean or normal delivery	If Post abortion specify the trimester in which the	written consent	Atropine used in preanaest hetic medicatio	Anestnes	lled Provide	Date	Facility,	Any Post Operativ e complica tions (Y/N)	the Signs/	Under- lying/ Primar y cause of death	Death audite d By DISC(Y/N)	Actio n Taken
	No deaths reported in 1st Quaeter																					