Biannual Report Format

District:

Report Type: Bi-Annual

Reporting period : 2nd qtr (July'2022 to Sept'2022)

Annexure V: Compilation of death audit report (Quarterly)

Name of the State	Name of the District	S.No.	Name of the	Sex	Date of	Type of Facility where operation was conducted	Cam p/ Fixed day	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	Atropine used in preanaest	Anesthes ia used (LA/GA)	D	 Time of death	Place of Death (Health Facility, Home, on- way to hospital/ home)	Any Post Operativ e complica tions (Y/N)	Write the
	Baksa		N/A														
	Barpeta		N/A														
	Biswanath		N/A														
	Bongaigaon		N/A														
	Cachar		N/A														
	Charaideo		N/A														
	Chirang		N/A														
	Darrang		N/A														
	Dhemaji		N/A														
	Dhubri		N/A														
	Dibrugarh		N/A														
	Dima Hasao		N/A														
	Goalpara		N/A														
	Golaghat		N/A														
	Hailakandi		N/A														
	Hojai		N/A														
_	Jorhat		N/A														
_	Kamrup		N/A														
19	Kamrup Metro		N/A														
	Karbi Anglong		N/A														
	Karimganj		N/A														
	Kokrajhar		N/A														
	Lakhimpur		N/A														
24	Majuli		N/A														

25	Marigaon]	N/A								
26	Nagaon]	N/A								
27	Nalbari]	N/A								
28	Sivasagar]	N/A								
29	Sonitpur]	N/A								
30	South Salmara Mancachar]	N/A								
31	Tinsukia]	N/A								
32	Udalguri]	N/A								
33	West Karbi Anglong]	N/A								

Under- lying/ Primar y cause of death	Death audite d By DISC(Y/N)	Actio n Taken

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