Annexure -V

Biannual Report Format

State: Assam

Report Type: Bi-Annual

Reporting period: 4th qtr (JAN'2022 to MAR'2022)

Anı	Annexure V: Compilation of death audit report (Quarterly)															1							
Name of the State	Name of the District	G	Name of the deceased client	Age	Sex	Date of operation	Type of Facility where operation was conducted ((PHC/CHC/DH/ Medical college/Accredite d PVT/NGO Facility)	Camp / Fixed	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	abortion specify the trimester in which the abortion	r Written consent	÷.	(TA/CA)	Empanel led Provider (Y/N)	Date of	Time of death	Facility,	-	Write the	lying/ Primary	DISC(Action Taken
Assam			Nil																				