## Annexure -V

### <u>Biannual Report Format</u>

### State : Assam

### Report Type: Bi-Annual

# Reporting period : (Oct '23 toDec'23)

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	operation	Type of Facility where operation was conducted ((PHC/CH C/DH/Me dical college/Ac credited PVT/NGO Facility)		Type of Procedure (Minilap/ Abdominal tubal ligation/ Laparoscopi c/ Conventiona l Vasectomy/ NSV)	delivery was Cesarean	trimester in which the abortion	obtained ? (Y/N)	used in preanaest	sia used	Empanel led Provider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/ home)	Opera tive compli cations	Sympto	Under- lying/ Prima ry cause of death	audite d By	Action Taken
Assam,	Hailakandi	1	Sayra Begum	32	F	18-12-2023	СНС	Camp	Laparoscopic	NA	NA	Y	Y	LA	Y	#########	1.45 pm	HI	N	NA	Cardia c arrest	Y	Y
	Tinsukia	2	Puspa Yadav	24	F	23-12-2023	СНС	Camp	Laparoscopic	N/A	N/A	Y	Y	LA	Y	#######	Around 4 PM	On-way to hospital	N	N/A	Cardia c arrest	Y	N/A