



# COMPLIANCE REPORT OF INDUCED TERMINATION OF PREGNANCY

ND DEPARTMENT OF HEALTH AND HUMAN SERVICES

VITAL RECORDS UNIT

SFN 59996 (1-2024)

1. Facility Name (if not clinic or hospital, list address)	2. Patient's ID Number	3. Age Last Birthday
4. From whom did the clinic received Informed Consent for this abortion? <input type="checkbox"/> a) From Client <input type="checkbox"/> b) From Parent or Legal Guardian <input type="checkbox"/> c) By Court Order		
5. Facility offered client the opportunity to view written material provided by the ND Department of Health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how did client view material? <input type="checkbox"/> a) Viewed via web site <input type="checkbox"/> b) Viewed in clinic <input type="checkbox"/> c) Had material mailed to them <input type="checkbox"/> d) Client chose not to view		
6. Were abortion-inducing drugs used for this abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must answer 6a through 6c below. a) Did the woman receive a copy of the drug label? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Was the woman provided with the name and telephone number of another physician in the case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Was the physician who prescribed the drug physically present in the same room and the one who administered the drug to the woman? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Did the clinic display the required notice signs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Was the woman given the option to have an ultrasound prior to the abortion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Was the abortion performed within the first 13 weeks of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. If the abortion is to be performed after the unborn child has reached viability to preserve the life of the woman or save her from grave impairment, did the physician get concurrence from two other licensed physicians regarding the risks to the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Risk was Immediate		
11. How were the remains disposed of? <input type="checkbox"/> a) Incineration <input type="checkbox"/> c) Cremation <input type="checkbox"/> b) Burial <input type="checkbox"/> d) Other (specify): _____		
12. Name of Attending Physician (Type/Print)	13. Name of Person Completing Report (Type/Print)	
Signature of Attending Physician	Date	

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