Notification of termination of pregnancy

NOTE: This form is for health professional use only.
All questions are mandatory. The secure online notification system must be used, unless internet access is unavailable.

NSW GOVERNMENT

To comply with the Abortion Law Reform Act 2019, this form must be submitted to the NSW Ministry of Health within 28 days of a termination of pregnancy.

1. Date of termination of pregnancy (*or when medication prescribed*): _____ (*dd/mm/yyyy*)

2. Local health district (LHD) in which the woman resides: _____

   To identify the woman's local health district, search for her town, suburb or postcode using the search icon at the top left hand side of this map, Then click on the highlighted section of the map. The name of the district will then be in the top left hand side of the screen in red.

3. Age of the woman:
   - ☐ 19 and under
   - ☐ 20 – 24
   - ☐ 25 – 29
   - ☐ 30 – 34
   - ☐ 35 – 39
   - ☐ 40 – 44
   - ☐ 45 and over
   - ☐ Unknown/not stated

4. Gestation (completed weeks):
   - ☐ < 9 (if <9 weeks, please indicate if this is a:
     - ☐ medical termination OR ☐ surgical termination
   - ☐ 9 – 13
   - ☐ 14 – 19
   - ☐ 20 – 22
   - ☐ > 22

5. Was the termination carried out for the sole purpose of sex selection (*excluding for medical conditions in the fetus*)?
   - ☐ Yes (*please confirm gestation is correct*)
   - ☐ I confirm that the gestation selected is correct
   - ☐ No

6. Was the termination performed (*or medication prescribed*) in a:
   - ☐ Public hospital
   - ☐ Private hospital
   - ☐ Non-hospital facility

7. Postcode in NSW of where termination was performed (*or where medication prescribed*): _____

Submit completed form via email or fax to MOH-TOP-notifications@health.nsw.gov.au within 28 days of a termination of pregnancy

OFFICE USE ONLY:

Form number: _____ Date recieved: _____ (*dd/mm/yyyy*)

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