

NSW Health

Notification of termination of pregnancy

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.

Date of termination of pregnancy DD/MM/YYYY

Local health district in which woman resides

To identify your local health district [please click](#) here or visit:
<https://www.health.nsw.gov.au/lhd/Documents/lhd-wall-map.pdf>

Gestation (completed weeks)

< 9

9 - 13

14 - 19

20 - 22

> 22

Was the termination carried out for the sole purpose of sex selection?*

Yes

No

Place of termination

Public hospital

Private hospital

Non-hospital facility

Postcode of provider 0000

* Excludes sex selection for medical conditions in the fetus.

Submit completed form to MOH-TOP-notifications@health.nsw.gov.au or via Fax on 02 9424 5977 within 28 days of a termination of pregnancy.

Office Use Only:

Form number

Date received