Reset Form

ABORTION COMPLICATION REPORT

State Form 56522 (R4 / 10-23)
INDIANA DEPARTMENT OF HEALTH – VITAL RECORDS
per IC 16-34-2

PLEASE CHECK IF AN AMENDED FORM: ☐

E-mail completed form to: TPComplications@health.in.gov

Abortion Complication Reports for all patients shall be mailed to the Indiana Department of Health at the above address. Each failure to file this report on time, as required, is a Class B misdemeanor per IC 16-34-2-4.7(j). This form shall be typed except for the physician or facility signature.

Facility name	City or town of abortion complication	County of abortion complication
If facility is not a hospital or clinic, please enter address *(number and street, city, state, and ZIP code)*		
Patient's age	Date of pregnancy termination *(month, day, year)*	Date of abortion complication (*month, day, year)*

Which one or more of the following is your race? *(Select one or more.)* ☐ American Indian or Alaska Native, ☐ Asian Indian ☐ White ☐ Black or African American ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Guamanian or Chamorro ☐ Samoan ☐ Unknown ☐ Other *(Specify)*

Hispanic Origin *(Check all that apply)*
☐ No, not Spanish, Hispanic or Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, other Spanish, Hispanic, Latino ☐ Unknown

Patient's county of residence	Patient's state of residence
Method of termination obtained by patient	If medication was used to terminate the pregnancy, was medication obtained by a mail order or internet source? ☐ Yes ☐ No ☐ Not Disclosed
Name of facility where the termination was performed	If medication was obtained by mail order or internet source, please list the source.

Name of medication(s) used for termination, if any

Did you perform the termination for the named patient? ☐ Yes ☐ No	Was this complication previously managed by the abortion provider or abortion provider's backup physician? ☐ Yes ☐ No

Select each diagnosed abortion complication.

☐ Uterine perforation
☐ Cervical laceration
☐ Infection
☐ Vaginal bleeding that qualifies as a Grade 2 or higher adverse event according to the Common Terminology Criteria for Adverse Events (CTCAE)
☐ Pulmonary embolism
☐ Deep vein thrombosis
☐ Failure to terminate pregnancy
☐ Incomplete abortion (retained tissue)
☐ Pelvic inflammatory disease
☐ Missed ectopic pregnancy
☐ Cardiac arrest
☐ Respiratory arrest
☐ Renal failure
☐ Shock
☐ Amniotic fluid embolism
☐ Coma
☐ Placenta previa in subsequent pregnancies
☐ Pre-term delivery in subsequent pregnancies
☐ Free fluid in the abdomen
☐ Hemolytic reaction due to the administration of ABO-incompatible blood or blood products
☐ Hypoglycemia occurring while the patient is being treated at the abortion facility
☐ Allergic reaction to anesthesia or abortion-inducing drugs
☐ Psychological complications, including depression, suicidal ideation, anxiety, and sleep disorders
☐ Death
☐ Any other adverse event as defined by criteria provided in the Food and Drug Safety Information and Adverse Event Reporting Program
☐ Other *(Specify)*

Select each treatment for the diagnosed abortion complication
☐ Admission to the hospital

Was this an initial visit by this patient or a follow-up visit?

Initial visit: ☐ Yes ☐ No

Follow-up visit: ☐ Yes ☐ No

Date(s) *(month, day, year)* of each follow-up visit, if any:

☐ Surgical intervention ☐ Blood transfusion ☐ Medication treatment ☐ Other *(Specify)*	

Signature of physician or facility	Full name of physician or facility name
Address of physician or facility *(number and street, city, state, and ZIP code)*	

DATE RECEIVED BY IDOH *(month, day, year)*: _____

General Instructions for the Use and Completion of the Abortion Complication Report (State Form 56522 (R4 / 10-23)

Providers must utilize State Form 56522 (R4 / 10-23), entitled Abortion Complication Report, in recording and transmitting the information required under Indiana Code section 16-34-2-4.7.

Please follow these instructions for completing the Abortion Complication Report:

- The form should be submitted within 30 days of the onset of treatment of the abortion complication.
- Physicians should use their reasonable medical judgment in determining whether a diagnosed condition is reportable as an abortion complication.
- The form must be typed, except for physician signature.
- A report should be submitted for the patient's initial visit for a complication that is treated and for any follow-up visits where a new complication is diagnosed and treated.
- The completed form must select each abortion complication diagnosed and the medical treatment provided for each complication. Physicians may fill in the "other" box when the complication or treatment is not included as an option.
- Either the treating physician **or** the facility needs to submit the form, **not both**. Physicians and facilities should have a documented policy about submission to avoid confusion.
- The abortion complications reporting form is a separate form in addition to the terminated pregnancy report that must be filed for each abortion. **Do not** reference the abortion complication in any terminated pregnancy report.
- Providers should ensure that no identifying information of the patient is included in the abortion complication report.
- Providers must file an abortion complication report if the physician determines that any of the following physical or psychological conditions arose from the induction or performance of an abortion:

(1) Uterine perforation
(2) Cervical laceration
(3) Infection
(4) Vaginal bleeding that qualifies as a Grade 2 or higher adverse event according to the Common Terminology Criteria for Adverse Events (CTCAE)
(5) Pulmonary embolism
(6) Deep vein thrombosis
(7) Failure to terminate the pregnancy
(8) Incomplete abortion (retained tissue)
(9) Pelvic inflammatory disease

(10) Missed ectopic pregnancy
(11) Cardiac arrest
(12) Respiratory arrest
(13) Renal failure
(14) Shock
(15) Amniotic fluid embolism
(16) Coma
(17) Placenta previa in subsequent pregnancies
(18) Pre-term delivery in subsequent pregnancies
(19) Free fluid in the abdomen
(20) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products
(21) Hypoglycemia occurring while the patient is being treated at the abortion facility
(22) Allergic reaction to anesthesia or abortion-inducing drugs
(23) Psychological complications, including depression, suicidal ideation, anxiety, and sleep disorders
(24) Death
(25) Any other adverse event as defined by criteria provided in the Food and Drug Administration Safety Information and Adverse Event Reporting Program