



REPORT OF INDUCED
TERMINATION OF PREGNANCY

STATE FILE
NUMBER

1. Patient's ID Number (Do Not Enter Patient's Name)
2. Age (Last Birthday)
3. Date of Pregnancy Termination (Month, Day, Year)
4. Facility Name
5. City/Town or Location of Pregnancy Termination
6. County of Pregnancy Termination

7. Residence - State or Foreign Country
8. Residence - County

9. Of Hispanic Origin?
10. Race
11. Education
Specify
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian (Specify)
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander (Specify)
Other (Specify)
Education (Specify the highest degree or level completed)
8th grade or less
9th -12th grade no diploma
High school graduate or GED completed
Some college credit, but no degree
Associate degree (e.g., AA, AS)
Bachelor's degree (e.g., BA, AB, BS)
Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
Doctorate or professional degree (e.g., PhD, MD)

12. Patient Married? Yes No
13. Date Last Normal Menses Began (Month, Day, Year)

14. Previous Pregnancies
LIVE BIRTHS
OTHER TERMINATIONS
14a. Now Living
14b. Now Dead
14c. Spontaneous
14d. Induced (DO NOT INCLUDE THIS TERMINATION)

(Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)

15. Was a Determination of Probable Postfertilization Age Made?
16. Enter the basis of the determination that a medical emergency existed:
17. Probable Postfertilization Age
17a. Enter weeks of Probable Postfertilization Age:
17b. Was Ultrasound used to determine Probable Postfertilization Age?
If less than 20 weeks Probable Postfertilization Age, go to question 20
If 20 weeks or MORE Probable Postfertilization Age, go to question 18

18. If Probable Postfertilization Age is 20 or more weeks:
a. Was the reason for the abortion?
b. If Medical Emergency, provide the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions:
c. Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive?

19. Provide the basis of the determination that termination of the pregnancy in that manner (best opportunity) would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the woman than would other available methods:
Specify:

20. TERMINATION PROCEDURES

20a. PRIMARY PROCEDURE USED TO TERMINATE THE PREGNANCY (CHECK ONLY ONE)
20b. ADDITIONAL PROCEDURES USED IF ANY (CHECK ALL THAT APPLY)
Check Only One Primary Procedure
Type of Procedure
Check all Additional Procedures Used
Dilation and Curettage (D&C)
Manual Vacuum Aspiration
Electrical Vacuum Aspiration
Dilation and Evacuation (D&E)
Combined Induction Abortion and Dilation and Evacuation
Medication Abortion (such as, but not limited to, mifepristone/misoprostol or methotrexate/misoprostol)
Induction Abortion with Prostaglandins
Induction Abortion with Intra-Amniotic Instillation (such as, but not limited to, saline or urea)
Induction Abortion - Other
Hysterotomy/Hysterectomy
Intact Dilation and Extraction (partial birth)
Other - Specify

21. Was an intra-fetal injection used in an attempt to induce fetal demise (such as, but not limited to, intra-fetal potassium chloride or digoxin)?

ITEM 22 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.
22a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT?
22b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO:
22c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM:

ITEM 23 MUST BE COMPLETED FOR EACH PATIENT, UNDER 17 YEARS OF AGE.
23a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM:
23b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW:

24. Date Report Completed

Induced Termination of Pregnancy (ITOP) Form Instructions

1. **Patient's ID Number (Do Not Enter Patient's Name)** - Enter a unique number that identifies the patient only to facility staff, such as a medical record number. Do not use Social Security Number, part of the Social Security Number, date of birth, or any other number that could possibly allow an individual outside of the facility to identify the patient.
2. **Age (Last Birthday)** - Enter the age of the patient in completed years at her last birthday.
3. **Date of Pregnancy Termination (Month, Day, Year)** - Enter the exact month, day, and year of the pregnancy termination.
4. **Facility Name** - Enter the full name of the hospital or clinic where the pregnancy termination occurred.
5. **City/Town or Location of Pregnancy Termination** - Enter the name of the city, town, or location where the pregnancy termination occurred.
6. **County of Pregnancy Termination** - Enter the name of the county where the pregnancy termination occurred.
7. **Residence - State or Foreign Country** - Enter the state or foreign country where the patient resides.
8. **Residence - County** - If the patient resides in the United States, enter the name of the county in which she resides. If the patient does not reside in the United States, enter N/A or not applicable.
9. **Of Hispanic Origin?** - Check the box or boxes that best describes the patient's Hispanic origin. The entry in this item should reflect the response of the patient. Hispanic origin refers to those persons whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. This item is not part of the Race Item #10. A person of Hispanic origin may be of any race.
10. **Race** - Check the box or boxes that best describes the race of the patient. The entry in this item should reflect the response of the patient. This item is independent of Hispanic origin. A person of Hispanic origin may be of any race.
11. **Education** - Check the appropriate box to indicate the highest degree or level of school completed at the time of termination.
12. **Patient Married?** - Check Yes if the patient is currently married or married at the time of conception or any time between conception and induced termination.
13. **Date Last Normal Menses Began (Month, Day, Year)** - Enter the exact month, day, and year of the first day of the patient's last normal menstrual period, as obtained from the hospital or clinic record, or from the patient herself.
14. **Previous Pregnancies (Complete Each Section)** - Do not include children by adoption.
 - 14a. **Now Living** - Enter the number of children born alive to this patient who are still living at the time of this termination.
 - 14b. **Now Dead** - Enter the number of children born alive to this patient who are no longer living at the time of this termination.
 - 14c. **Spontaneous Number** - Enter the number of previous pregnancies that ended spontaneously and did not result in a live born infant. This should not include induced terminations.
 - 14d. **Induced (Do Not Include current termination)** - Enter the number of previous induced terminations (induced abortions) that this patient has had. Do not include this termination.
15. **Was a Determination of Probable Postfertilization Age Made?** Check Yes or No. If Yes, go to question 17. If No, go to question 16.
16. **Enter The Basis Of The Determination That A Medical Emergency Existed** - Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended, 'Medical emergency' means a condition that, in reasonable medical judgment, so complicates the medical condition of the pregnant woman that it necessitates the immediate abortion of her pregnancy without first determining post-fertilization age to avert her death or for which the delay necessary to determine post-fertilization age will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. No condition must be considered a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function. Specify the condition and go to question 20.
17. **Postfertilization Age (Complete Each Section)** - "Postfertilization Age" means the age of the unborn child as calculated from the fusion of a human spermatozoon with a human ovum.
 - 17a. **Enter weeks of Probable Postfertilization Age** - Enter the number in weeks. Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended, 'Probable post-fertilization age of the unborn child' is defined as what, in reasonable medical judgment, will with reasonable probability be the post-fertilization age of the unborn child at the time the abortion is planned to be performed or induced.

- 17b. **Was Ultrasound used to determine Probable Postfertilization Age?** - Check Yes or No.
18. **If Probable Postfertilization Age is 20 or more weeks: (Complete Each Section)**
- 18a. **Was the reason for the abortion?** - Select Medical Emergency or Fetal Anomaly.
- 18b. **If Medical Emergency** - If Medical Emergency was selected, specify the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. Go to question 18c.
- 18c. **Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive?** - check Yes or No. If Yes, go to question 20. If No, go to question 19.
19. **Provide the basis of the determination that termination of the pregnancy in that manner (best opportunity) would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the woman than would other available methods.** Enter the basis of the determination.
20. **Termination Procedures (Complete This Section)**
- 20a. **Primary Procedure Used to Terminate the Pregnancy (Check Only One)** - Check the box that describes the procedure that actually terminated the pregnancy.
- 20b. **Additional Procedures Used If Any (Check All That Apply)** - Check the box that describes any additional procedure used in the termination of this pregnancy.
21. **Intra - fetal Injection** - Check Yes or No if an intra-fetal injection was used in an attempt to induce fetal demise (such as, but not limited to, intra-fetal potassium chloride or digoxin).
22. **Written Consent Section (Must Be Completed For Each Patient, Regardless of Age)**
- 22a. **Was Informed Written Consent Obtained From the Patient** - Check Yes or No.
- 22b. **If No, Informed Written Consent Was Not Obtained Due To (Check One)** - Please check the appropriate answer if consent was not obtained from the patient.
- 22c. **If Patient Has Been Court Adjudged Mentally Incompetent, Informed Written Consent Obtained From (Check One)** - Please check the appropriate answer.
23. **Written Consent Section Continued (Must be Completed for Each Patient, Under 17 Years of Age)**
- 23a. **If Patient is under 17 Years of Age, Additional Informed Written Consent Obtained From: (Check One)** - Please check the appropriate answer.
- 23b. **If Patient Is Under 17 Years of Age and Additional Informed Written Consent Was Not Obtained, Check Reason Below (Check One)** - Please check the appropriate answer.
24. **Date Report Completed** - Enter the exact month, day, and year that the form was completed.