

**STATE OF WYOMING
DEPARTMENT OF HEALTH
Report of Induced Termination of Pregnancy (ITOP)**

THIS REPORT IS REQUIRED BY WYOMING STATUTE 35-6-107.

DATE RECEIVED IN STATE OFFICE

1. AGE OF PATIENT	2. DATE OF TERMINATION (Day, Month, Year)																
3. FACILITY TYPE (Office, Hospital, or Clinic)	4. RESIDENCE STATE/COUNTY																
5. RACE (American Indian, Black, White, etc) 6. OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> NO <input type="checkbox"/> YES Specify _____ </div>																	
7. PREVIOUS PREGNANCIES (Complete each section)																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">LIVE BIRTHS</th> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">OTHER TERMINATIONS</th> </tr> <tr> <td style="padding: 5px; border-right: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7a. Now Living</td> <td style="width: 50%; padding: 5px;">7b. Now Deceased</td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table> </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7c. Spontaneous</td> <td style="width: 50%; padding: 5px;">7d. Induced <i>(Do not include this termination)</i></td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table> </td> </tr> </table>		LIVE BIRTHS	OTHER TERMINATIONS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7a. Now Living</td> <td style="width: 50%; padding: 5px;">7b. Now Deceased</td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table>	7a. Now Living	7b. Now Deceased	Number _____	Number _____	None <input type="checkbox"/>	None <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7c. Spontaneous</td> <td style="width: 50%; padding: 5px;">7d. Induced <i>(Do not include this termination)</i></td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table>	7c. Spontaneous	7d. Induced <i>(Do not include this termination)</i>	Number _____	Number _____	None <input type="checkbox"/>	None <input type="checkbox"/>
LIVE BIRTHS	OTHER TERMINATIONS																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7a. Now Living</td> <td style="width: 50%; padding: 5px;">7b. Now Deceased</td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table>	7a. Now Living	7b. Now Deceased	Number _____	Number _____	None <input type="checkbox"/>	None <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">7c. Spontaneous</td> <td style="width: 50%; padding: 5px;">7d. Induced <i>(Do not include this termination)</i></td> </tr> <tr> <td style="padding: 5px;">Number _____</td> <td style="padding: 5px;">Number _____</td> </tr> <tr> <td style="padding: 5px;">None <input type="checkbox"/></td> <td style="padding: 5px;">None <input type="checkbox"/></td> </tr> </table>	7c. Spontaneous	7d. Induced <i>(Do not include this termination)</i>	Number _____	Number _____	None <input type="checkbox"/>	None <input type="checkbox"/>				
7a. Now Living	7b. Now Deceased																
Number _____	Number _____																
None <input type="checkbox"/>	None <input type="checkbox"/>																
7c. Spontaneous	7d. Induced <i>(Do not include this termination)</i>																
Number _____	Number _____																
None <input type="checkbox"/>	None <input type="checkbox"/>																
8. PROCEDURE THAT TERMINATED PREGNANCY <i>(Check only one)</i> <input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical) Specify Medication(s) _____ <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin) <input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy / Hysterectomy <input type="checkbox"/> Other (Specify) _____	9. COMPLICATIONS OF PREGNANCY TERMINATION <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Infection <input type="checkbox"/> Uterine Perforation <input type="checkbox"/> Cervical Laceration <input type="checkbox"/> Retained Products <input type="checkbox"/> Other (Specify) _____																
10. WEIGHT OF FETUS IN GRAMS: _____ 10a. LENGTH OF FETUS IN CMs: _____	11. PHYSICIAN'S ESTIMATE OF GESTATION (Weeks)																

State of Wyoming Health Officer, C/O, Vital Statistics Services, 2300 Capitol Ave., Hathaway Building, Cheyenne, WY 82002, Phone (307) 777-7264