



Syphilis Screening Monthly Report Form

Hospital Name: _____ City: _____

Month: _____

Health care providers are required by Illinois law (410 ILCS 320/1) to screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester. - In the event any blood tests shall show a positive or inconclusive result an additional test or tests shall be performed

1) Initial SYPHILIS screening:			
A. Total # delivered women who presented without ANY documented syphilis screening test prior to labor and delivery			
1. Total # women missed, not screened (either before delivery or immediately postpartum) Of the total untested, delivering women, total women not screened.			
2. Total # women screened Total number of untested, delivering women who were screened for SYPHILIS			
a.# any reactive results		b.# negative results	
xB. Total # of multiple births and infants received through transports From missed women only , total number of multiple births. Add the number of infants received through transports.			
2) Repeat 3rd Trimester SYPHILIS screening:			
A. Total # delivered women who presented without documented SYPHILIS screen after 27 weeks (26w6d) in the pregnancy			
B. Total # women missed, not screened prior to discharge Of the total delivering women not repeat screened after 27 weeks, total women not screened.			
2. Total # women SYPHILIS screened Total number delivering women not repeat screened after 27 weeks, who were screened for SYPHILIS			
a.# any reactive results		b.# negative results	

Reporter name: _____ Telephone: _____

Please return this form to reports@maca-us.org. If you have any questions, please contact Anne Statton at 312-334-0974. You may also return this form by fax to 312-334-0973.