

Australian and New Zealand Assisted Reproduction Database

MINIMUM DATA SET FOR
ASSISTED REPRODUCTIVE TECHNOLOGY TREATMENT

The Fertility Society of Australia



and

National Perinatal Epidemiology and Statistics Unit
The University of New South Wales



November 2017

Introduction

The Australian and New Zealand Assisted Reproduction Database 2.0 (ANZARD 2.0) superseded the Australian and New Zealand Assisted Reproduction Database (ANZARD). ANZARD 2.0 collects information on assisted reproductive technology (ART) and donor sperm insemination (DI) treatments undertaken in Australian and New Zealand fertility clinics and resulting pregnancy and birth outcomes. ANZARD 2.0 is a cycle-based data collection and reflects the year the treatment since 1st January 2009. A statistical linkage key which is generated in ANZARD 2.0 links successive cycles to a particular patient.

ANZARD 2.0 is funded by the Fertility Society of Australia and hosted at the National Perinatal Epidemiology and Statistics Unit (NPESU) at the University of New South Wales (UNSW). The data collected in ANZARD 2.0 are used to produce the Assisted Reproductive Technology in Australia and New Zealand annual report, to generate random specific list for the Reproductive Technology Accreditation Committee (RTAC) assessment and to provide fertility clinics with annual feedback reports of their data compared to national standards.

ANZARD 2.0 adopted 68 fields from ANZARD, deleted 10 fields from ANZARD, and added 26 new fields. A total of **94** fields are included in ANZARD 2.0.

The ANZARD 2.0 data dictionary describes the attributes of the data fields that are to be ingested into ANZARD 2.0. Each field in the data dictionary has seven attributes:

1. Name: Name of the field used in the data structure
2. Description: Short description of the field
3. Notes: Longer description of the field, including important notes and validation rules
4. Type: Type of data in the field. There are four types of data items included in ANZARD 2.0:
 - Num = Numeric
 - Char = Character
 - Text = Free text
 - Date = Date format
5. Length: Number of characters or digits
6. Coding: Acceptable options (values and ranges) for coding. Leave value of a field blank if it is not applicable; do not leave a field blank when the value is “unknown”.
7. **Mandatory: Indicating whether a field is mandatory for every cycle (Yes=Mandatory, No=Not mandatory). Note that some fields are mandatory conditional on values in other fields.**

This data dictionary is to unify the potential variation in coding a data field at clinic level. All fields of ANZARD 2.0 need to be coded according to the data dictionary.

The ANZARD 2.0 data structure records information about each cycle for each female patient (couple) from the start of treatment to its end. Each cycle for each female patient (couple) should have only one record (row) in this data structure.

Data should be in a CSV file format and should be submitted via the secure data capture portal (<https://anzard.med.unsw.edu.au/>). If it is not possible to submit data via the data capture portal then please contact ANZARD@unsw.edu.au

The following table lists the inventory of ANZARD 2.0 fields.

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
01	UNIT	Unit identifier	This number will be supplied by NPESU.	Num-3	3-digit ART unit code provided by NPESU	Yes
02	SITE	Site of the Unit	PLEASE NOTE UPDATE FROM PREVIOUS YEARS REPORTING Site where the cycle was initiated. The code number will be allocated by RTAC.	Num-3	3-digit code for each clinic provided by RTAC	Yes
03	PAT_ID	Patient's ID/Medical Record Number	Unique ID for this patient. This can take whatever form the Unit wishes (up to 20 characters) but RTAC need to be able to identify the case-file from this number for validation of the data collection	Char-20	e.g. P0516	Yes
04	NAM_FST2	First two letters of female patient first name	First two letters of female patient's first name. This field will be used to generate the statistical linkage key.	Char-2	e.g. AL	Yes
05	NAM_SUR2	First two letters of female patient surname	First two letters of female patient's surname. This field will be used to generate the statistical linkage key.	Char-2	e.g. WA	Yes
06	FDOB	Female patient's date of birth	This field needs to be completed for all female patients included oocyte/embryo donors. This field will be used to generate the statistical linkage key.	Date-10	DD/MM/YYYY	Yes
07	PDOB	Husband / male partner's date of birth	Leave blank if the female patient does not have husband or male partner.	Date-10	DD/MM/YYYY	No
08	DON_AGE	Age of oocyte/embryo donor	Completed years at time of OPU. This item MUST be completed for oocyte donation, oocyte recipient, embryo donation and embryo recipient, and surrogacy carrier cycles, otherwise MUST be left blank.	Num-2	18-55 years old e.g. 26=26 years old 99 = unknown	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
09	CI_TUBE	Cause of Infertility: tubal disease	Answer yes if in the opinion of the treating clinician or clinic there is subfertility due to tubal disease. Otherwise answer no .	Char-1	n = No y = Yes u=unknown	No
10	CI_ENDO	Cause of Infertility: endometriosis	Answer yes if in the opinion of the treating clinician or clinic there is subfertility due to endometriosis. Otherwise answer no .	Char-1	n = No y = Yes u=unknown	No
11	CI_OTH	Cause of infertility: Other female factors	Answer yes if in the opinion of the treating clinician or clinic there is subfertility due to other female factors apart from tubal disease and endometriosis. Possible examples could include fibroids, ovulation disorders or premature ovarian failure. If there is no clinical female factor subfertility, answer no .	Char-1	n = No y = Yes u=unknown	No
12	CI_MALE	Cause of infertility: male factor	Answer yes if in the opinion of the treating clinician or clinic there is subfertility due to male factor problem. Otherwise answer no .	Char-1	n = No y = Yes u=unknown	No
13	CI_UNEX	Cause of infertility: Unexplained	Answer yes if in the opinion of the treating clinician or clinic there is clinical subfertility without any apparent explanation. If answered yes to any of the previous four fields CI_TUBE, CI_ENDO, CI_OTH and CI_MALE, answer no to CI_UNEX.	Char-1	n = No y = Yes u=unknown	No
14	PREG_20W	Any pregnancies of ≥ 20 weeks	Whether the female patient had a pregnancy of 20 complete weeks or more. Include all known pregnancies of ≥ 20 complete weeks regardless of whether by ART or by a different partner.	Char-1	n = No y = Yes u=unknown	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
15	CYCLE_ID	Unique identification of each cycle	<p>THIS FIELD MUST BE COMPLETED FOR ALL CYCLES – NO EXCEPTIONS!</p> <p>This field must be unique to each cycle and will be used to facilitate queries about the data.</p>	Char-20	e.g. FET001	Yes
16	CYC_DATE	The date the cycle started	<p>THIS FIELD MUST BE COMPLETED FOR ALL CYCLES – NO EXCEPTIONS!</p> <p>Coding CYC_DATE by the following rules:</p> <ol style="list-style-type: none"> 1. the first date where FSH/stimulation drug is administered, 2. the date of LMP for unstimulated cycles (including natural fresh cycles and thaw cycles), 3. the date of embryos disposed for embryo disposal cycles, 4. the date of oocytes/embryos imported or exported for oocyte/embryo import/export cycles, 5. the date of embryos donated for frozen embryos donation cycles, or 6. the date of embryos received for non-transfer embryo recipient cycles. <p>This date defines the year in which a cycle is reported by UNSW/NPESU.</p>	Date-10	DD/MM/YYYY	Yes
17	SURR	Surrogacy arrangement	<p>Whether surrogacy arrangement is involved in this cycle.</p> <p>Recode for all parties of the arrangement including commission patients (with or without OPU), surrogacy carrier, and oocyte donor if donated oocytes were used.</p>	Char-1	n = No y = Yes	Yes
18	OV_STIM	Whether FSH stimulation was given	Does not include clomiphene or hCG alone unless FSH was also given.	Char-1	n = No y = Yes	Yes

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
19	STIM_1ST	First ever FSH stimulated cycle for OPU	<p>Whether the current fresh cycle is the first ever FSH stimulated cycle with the intension of OPU (include all treatments she had in other unit or country). This field must be completed for all fresh cycles (include cancelled fresh cycles before OPU). FSH stimulated artificial insemination cycle is not counted.</p> <p>If known the female patient had FSH stimulated cycle for OPU before, answer "n" to this field; if the current fresh cycle is her first FSH stimulated cycle for OPU, answer "y" to this field. If unknown whether she had FSH stimulated cycle for OPU before, answer "u" to this field.</p>	Char-1	n = No y = Yes u=unknown	No If OV_STIM=y then STIM_1ST must be complete
20	IUI_DATE	Date of intra-uterine insemination	<p>Date of intra-uterine insemination using donated sperm.</p> <p>Only included cycles with intra-uterine insemination using donated sperm.</p> <p>Exclude cycles such as intra-virginal insemination using donated sperm.</p>	Date-10	DD/MM/YYYY	No
21	CAN_DATE	Date of cancellation for cancelled cycle before OPU	<p>Date of last day FSH is administrated in a cancelled cycle.</p> <p>Leave it blank if not a cancelled cycle.</p>	Date-10	DD/MM/YYYY	No
22	OPU_DATE	OPU date	<p>The date of oocyte pickup.</p> <p>Only code OPU_DATE for current oocyte pickup</p>	Date-10	DD/MM/YYYY	No
23	N_EGGS	Number of eggs retrieved	Number of eggs retrieved at OPU. Include any immature oocytes that are identified.	Num-2	0 - 99 0 = no eggs retrieved	Yes
24	N_DONATE	Number of eggs donated	Number of eggs donated to someone else (oocyte donation cycle, DON_AGE field must be coded).	Num-2	0 - 99 0 = no eggs donated	Yes

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
25	N_RECVD	Number of eggs received	Number of eggs received from someone else (oocyte recipient cycle, DON_AGE field must be coded). Only record received (fresh or frozen) oocytes using this data item. Do not use N_EGGS, N_S_EGTH or N_V_EGTH for oocyte recipient cycles.	Num-2	0 - 99 0 = no eggs received	Yes
26	N_EGGIMP	Number of eggs imported	Records number of oocytes imported into the current unit from another unit. Movement between different sites of the same unit (ANZARD Unit code) is not required.	Num-2	0 - 99 0 = no eggs imported	No Please NOTE this item will be removed from ANZARD for treatments from 2018
27	N_EGGEXP	Number of eggs exported	Records number of oocytes exported from the current unit to another unit. Movement between different sites of the same unit (ANZARD Unit code) is not required.	Num-2	0 - 99 0 = no eggs exported	No Please NOTE this item will be removed from ANZARD for treatments from 2018
28	N_EGFZ_S	Number of oocytes slow frozen	Number of oocytes frozen by slow freezing method in this cycle.	Num-2	0 - 99 0 = no oocyte frozen	Yes
29	N_EGFZ_V	Number of oocytes vitrified	Number of oocytes frozen by vitrification in this cycle.	Num-2	0 - 99 0 = no oocyte frozen	Yes
30	N_S_EGTH	Number of slow frozen oocytes thawed	Number of slow frozen oocytes thawed in this cycle.	Num-2	0 - 99 0 = no oocyte thawed	Yes
31	N_V_EGTH	Number of vitrified oocytes warmed	Number of vitrified oocytes warmed in this cycle.	Num-2	0 - 99 0 = no oocyte thawed	Yes
32	FDAT_EGG	Freezing date of thawed/warmed oocytes	If two batches of thawed/warmed oocytes with different freezing date, record the earlier freezing date.	Date-10	DD/MM/YYYY	No
33	N_GIFT	Number of eggs GIFT	Number of eggs replaced in a GIFT procedure.	Num-1	0 - 9 0 = GIFT not performed	No
34	N_IVF	Number of eggs IVF	Number of eggs treated (inseminated) with IVF.	Num-2	0 - 99 0 = no eggs were treated with IVF	Yes

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
35	N_ICSI	Number of eggs ICSI	Number of eggs treated with ICSI.	Num-2	0 - 99 0 = no eggs were treated with ICSI	Yes
36	SP_SITE	Site of sperm used	Site of sperm extraction: ejaculated, epididymal (whether by open biopsy or by PESA), testicular, other or unknown.	Char-1	e = Ejaculate t = Testicular p = Epididymal o = Other u = unknown	No
37	SP_PERSN	The person who provided sperm	Sperm provided by husband/partner, known donor, anonymous donor or unknown of the sperm provider.	Char-1	h = Husband/partner k = Known donor a = Anonymous donor u = unknown	No
38	N_FERT	Number of eggs fertilised normally	Number of eggs fertilised normally. The critical issue is the opinion of the treating embryologist. Thus even if two pronuclei are not seen but cleavage occurs, provided the embryologist considers this to be normal fertilisation then it should be included.	Num-2	0 - 99 0 = No normally fertilised zygotes/embryos produced	Yes
39	PGD	Preimplantation genetic diagnosis	Answer yes where preimplantation genetic diagnosis in any form (including aneuploidy screening or sex selection) has been performed on any of the embryos (transferred or not). Otherwise answer no. This field needs to be coded for both fresh and thaw cycles.	Char-1	n = No y = Yes	No
40	ASS_HATC	Assisted hatching	Answer yes where assisted hatching in any form has been performed on any of the embryos (transferred or not). Otherwise answer no. This field needs to be coded for both fresh and thaw cycles.	Char-1	n = No y = Yes	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
41	N_EMBIMP	Number of embryos imported from another clinic	Records number of embryos imported into the current unit from another unit. Movement between different sites of the same unit (ANZARD Unit code) is not required.	Num-2	0 - 99 0 = No embryos imported	No Please NOTE this item will be removed from ANZARD for treatments from 2018
42	N_EMBREC	Number of embryos received from another patient/couple	Records the number of embryos that a patient/couple received from another patient/couple (embryo recipient cycle, DON_AGE field must be coded). This data item should be >0 for embryo recipient cycles without intention to treat. Otherwise use N_S_CLTH, N_V_CLTH, N_S_BLTH, N_V_BLTH & THAW_DON	Num-2	0 - 99 0 = No embryos received	Yes
43	N_S_CLTH	Number of slow frozen cleavage embryos thawed	Number of slow frozen cleavage embryos thawed with intention of performing an embryo transfer. For the ANZARD collection, cleavage embryo is defined as an embryo one to four days after fertilization.	Num-2	0 - 99 0 = No cleavage embryos thawed	Yes
44	N_V_CLTH	Number of vitrified cleavage embryos warmed	Number of vitrified cleavage embryos warmed with intention of performing an embryo transfer.	Num-2	0 - 99 0 = No cleavage embryos thawed	Yes
45	N_S_BLTH	Number of slow frozen blastocysts thawed	Number of slow frozen blastocysts thawed with intention of performing an embryo transfer. For the ANZARD collection, blastocyst is defined as an embryo five or six days after fertilization.	Num-2	0 - 99 0 = No blastocysts embryos thawed	Yes
46	N_V_BLTH	Number of vitrified blastocysts warmed	Number of vitrified blastocysts warmed with intention of performing an embryo transfer.	Num-2	0 - 99 0 = No blastocysts embryos thawed	Yes
47	FDAT_EMB	Freezing date of thawed/warmed embryos	If two batches of thawed/warmed embryos with different freezing date, record the earlier freezing date.	Date-10	DD/MM/YYYY	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
48	THAW_DON	Thawed/warmed embryo originally from oocyte donor or embryo donor	If thawed/warmed embryos were originally from donated oocytes, record this field as "o". If thawed/warmed embryos were donated embryos, record this field as "e". (DON_AGE field must be coded).	Char-1	o = donated oocyte e = donated embryo	No
49	ET_DATE	Embryo transfer date	If it is known that an embryo transfer has taken place but the exact date is unknown, make comments in COMMENT field.	Date-10	DD/MM/YYYY	No
50	N_CL_ET	Number of cleavage embryos transferred	Number of cleavage stage embryos transferred.	Num-1	0 - 9 0 = No non-blastocyst embryos transferred	Yes
51	N_BL_ET	Number of blastocysts transferred	Number of blastocyst stage embryos transferred.	Num-1	0 - 9 0 = No blastocyst embryos transferred	Yes
52	EMB_ICSI	Any transferred embryos fertilised by ICSI?	Answer YES if any of the transferred embryos fertilised by ICSI. Leave blank if no embryo transfer occurred.	Char-1	n = No y = Yes	No
53	N_CLFZ_S	Number of cleavage embryos slow frozen	Number of cleavage embryos frozen by slow freezing method in this cycle.	Num-2	0 - 99 0 = No cleavage embryos frozen	Yes
54	N_CLFZ_V	Number of cleavage embryos vitrified	Number of cleavage embryos frozen by vitrification in this cycle.	Num-2	0 - 99 0 = No cleavage embryos frozen	Yes
55	N_BLFZ_S	Number of blastocysts slow frozen	Number of blastocysts frozen by slow freezing method in this cycle.	Num-2	0 - 99 0 = No blastocyst frozen	Yes
56	N_BLFZ_V	Number of blastocysts vitrified	Number of blastocysts frozen by vitrification in this cycle.	Num-2	0 - 99 0 = No blastocyst frozen	Yes
57	N_EMBEXP	Number of and embryos exported to another clinic	Records the number of embryos exported from the current unit to another unit. Movement between different sites of the same unit (three ANZARD Unit code) is not required.	Num-2	0 - 99 0 = No embryos exported	No Please NOTE this item will be removed from ANZARD for treatments from 2018

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
58	N_EMBDON	Number of embryos donated to another patient	Records the number of embryos donated to someone else (embryo donation cycle) (DON_AGE field must be coded).	Num-2	0 - 99 0 = No embryos donated	Yes
59	N_EMBDISP	Number of potentially usable frozen embryos discarded	Frozen embryos disposed in accordance with patient's request or Govt. regulation.	Num-2	0 - 99 0 = No embryos discarded	Yes
60	PR_CLIN	Clinical pregnancy	A clinical pregnancy must fulfil one of the following criteria: 1. known to be ongoing at 20 weeks; 2. evidence by ultrasound of an intrauterine sac and/or fetal heart; 3. examination of products of conception reveal chorionic villi; or 4. a definite ectopic pregnancy that has been diagnosed laparoscopically or by ultrasound.	Char-1	n = No y = Yes	No (Please note that this item IS mandatory if IUI or embryo transfer took place (i.e. ET_DATE is complete)
61	PR_END_DT	Date pregnancy ended	This is the date on which delivery, miscarriage or termination takes place. This date MUST eventually be completed if the answer to PR_CLIN field is "yes". If exact date is unknown, enter an approximate guess. Where multiple births occur over more than one date, enter the date of the first born baby.	Date-10	DD/MM/YYYY	No (Please note that this item IS mandatory if PR_CLIN=y)
62	N_FH	Number of fetal hearts	Number of fetal hearts seen on first ultrasound (intrauterine only) This field must be completed if PR_CLIN field is "yes".	Num-2	0 – 9 0 = No fetal hearts detected 9 = unknown of FH	No (Please note that this item IS mandatory if PR_CLIN=y)
63	PR_ECTOP	Ectopic pregnancy	If this pregnancy is an ectopic pregnancy, or a combined ectopic and uterine pregnancy (heterotopic). This field must be completed if PR_CLIN field is "yes".	Char-1	n = No e = ectopic h = heterotopic	No (Please note that this item IS mandatory if PR_CLIN=y)

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
64	PR_TOP	Elective termination of pregnancy	Do NOT include pregnancies where a planned fetal reduction of a multiple pregnancy results in a subsequent unintended miscarriage, or a pregnancy where there has been an IUFD requiring induced delivery. Give reasons for TOP in ABN_LESS field. This field must be completed if PR_CLIN field is "yes".	Char-1	n = No y = Yes	No (Please note that this item IS mandatory if PR_CLIN=y)
65	PR_REDUC	Selective reduction performed	Where selective reduction was performed due to fetal abnormality/other reasons, give details in ABN_LESS field. This field must be completed if PR_CLIN field is "yes".	Char-1	n = No y = Yes	No (Please note that this item IS mandatory if PR_CLIN=y)
66	ABN_LESS	Fetal abnormality in a pregnancy ending <20 weeks or by selective reduction	This field applies to elective terminations of pregnancy and fetal reductions due to fetal abnormality. Specify as much detail as possible.	Text 255	Leave blank where no fetal abnormality. Do not insert "nil" or "none".	No
67	MAT_COMP	Maternal complications of pregnancy	Insert as much detail as possible.	Text 255	Leave blank where no complications. Do not insert "nil" or "none".	No
68	N_DELIV	Number of babies delivered.	Include all liveborn and stillborn babies after 20 weeks gestation or at least with birthweight ≥ 400 grams. This field must be completed if PR_CLIN field is "yes".	Num-1	0 – 4 0 = No babies born, all fetuses aborted 1 = one baby born	No (Please note that this item IS mandatory if PR_CLIN=y)
69	CS	Caesarean delivery	Doesn't matter whether the CS was planned or emergency. If any of a multiple birth is a caesarean section delivery, answer yes.	Char-1	n = No y = Yes u = unknown	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
70	BAB1_OUT	Baby 1 Outcome	Outcome of the first born baby.	Char-1	s = Stillbirth l = Livebirth/Survived n = Livebirth/Died < 28 days (neonatal death) u = baby born but outcome unknown	No (Please note that this item IS mandatory if N_DELIV is complete)
71	BAB1_SEX	Baby 1 sex	Sex of the first born baby.	Char-1	m = Male f = Female u = unknown of sex	No (Please note that this item IS mandatory if N_DELIV is complete)
72	BAB1_WT	Baby 1 birthweight	Birthweight (grams) of the first born baby.	Num-4	750 = 750g 9999 = unknown of birthweight	No (Please note that this item IS mandatory if N_DELIV is complete)
73	BAB1_ABN	Baby 1 abnormality	Put in as much detail as known about congenital malformation of the first born baby.	Text 255	Leave blank where no abnormality. Do not insert "nil" or "none".	No
74	BAB1_NND	Baby 1 date of Neonatal Death	Record the date of death of the first born baby if the death occurred within 28 days after birth.	Date-10	DD/MM/YYYY	No
75	BAB2_OUT	Baby 2 Outcome	Outcome of the second born baby.	Char-1	s = Stillbirth l = Livebirth/Survived n = Livebirth/Died < 28 days (neonatal death) u = baby born but outcome unknown	No
76	BAB2_SEX	Baby 2 sex	Sex of the second born baby.	Char-1	m = Male f = Female u = unknown of sex	No
77	BAB2_WT	Baby 2 birthweight	Birthweight (grams) of the second born baby.	Num-4	750 = 750g 9999 = unknown of birthweight	No
78	BAB2_ABN	Baby 2 abnormality	Put in as much detail as known about congenital malformation of the second born baby.	Text 255	Leave blank where no abnormality. Do not insert "nil" or "none".	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
79	BAB2_NND	Baby 2 date of Neonatal Death	Record the date of death of the second born baby if the death occurred within 28 days after birth.	Date-10	DD/MM/YYYY	No
80	BAB3_OUT	Baby 3 Outcome	Outcome of the third born baby.	Char-1	s = Stillbirth l = Livebirth/Survived n = Livebirth/Died < 28 days (neonatal death) u = baby born but outcome unknown	No
81	BAB3_SEX	Baby 3 sex	Sex of the third born baby.	Char-1	m = Male f = Female u = unknown of sex	No
82	BAB3_WT	Baby 3 weight	Birthweight (grams) of the third born baby.	Num-4	750 = 750g 9999 = unknown of birthweight	No
83	BAB3_ABN	Baby 3 abnormality	Put in as much detail as known about congenital malformation of the third born baby.	Text 255	Leave blank where no abnormality. Do not insert "nil" or "none".	No
84	BAB3_NND	Baby 3 date of Neonatal Death	Record the date of death of the third born baby if the death occurred within 28 days after birth.	Date-10	DD/MM/YYYY	No
85	BAB4_OUT	Baby 4 Outcome	Outcome of fourth born baby.	Char-1	s = Stillbirth l = Livebirth/Survived n = Livebirth/Died < 28 days (neonatal death) u = baby born but outcome unknown	No
86	BAB4_SEX	Baby 4 sex	Sex of the fourth born baby.	Char-1	m = Male f = Female u = unknown of sex	No
87	BAB4_WT	Baby 4 weight	Birthweight (grams) of the fourth born baby.	Num-4	750 = 750g 9999 = unknown of birthweight	No
88	BAB4_ABN	Baby 4 abnormality	Put in as much detail as known about congenital malformation of the fourth born baby.	Text 255	Leave blank where no abnormality. Do not insert "nil" or "none".	No
89	BAB4_NND	Baby 4 date of Neonatal Death	Record the date of death of the fourth born baby if the death occurred within 28 days after birth.	Date-10	DD/MM/YYYY	No

NO.	NAME	DESCRIPTION	NOTES	TYPE & LENGTH	CODE	MANDATORY
90	MORB_ADM	Hospital admission with ART related morbidity	Answer yes where the female partner is admitted to hospital with any condition (excluding any pregnancy-related issues, such as ectopic pregnancy) that could be in any way related to fertility treatment. e.g. OHSS, infection or bleeding after e.g. pickup.	Char-1	y = yes	No
91	MRB_OHSS	OHSS	Answer yes if OHSS occurred.	Char-1	y = yes	No
92	MORB_INF	Morbidity detail	Put in as much detail as known about cause of morbidity. This field must Not be blank if MORB_ADM field and/or MRB_OHSS field is "yes".	Text-255	Leave this field blank if no morbidity Do not insert "nil" or "none".	No
93	POSTCODE	Postcode of patient residential area	Postcode of patient current residential area New Zealand units put "NZ".	Text-50	2000 NZ = New Zealand Put country name for overseas patient	Yes
94	COMMENT	Any comments of this cycle	Explanations/comments where cannot code any fields properly according to the data dictionary.	Text 255	Leave this field blank if not applicable. Do not insert "nil" or "none".	No

Please contact the ANZARD Team with any questions or queries

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