**GLOBAL BIRTH DEFECTS DESCRIPTION AND CODING (GBDDC) APP**

Thank you for your interest in the GBDDC App. Because this App involves gathering and storing potentially sensitive data, we require interested persons to submit the following application.

Please complete all sections to enable us to confirm and document your suitability to access this App.

Kindly email the completed questionnaire to globalbirthdefects@tghn.org

1. Name of surveillance system/research project Click or tap here to enter text.
2. Name of main contact person Click or tap here to enter text.
3. Name of Supervisory Administrative Authority Click or tap here to enter text.
4. Address of surveillance system/research project

**Street:** Click or tap here to enter text.

**Postcode:** Click or tap here to enter text.

**City and Country:** Click or tap here to enter text.

1. Brief description of surveillance system or research project

**When it started:** Click or tap to enter a date.

**Purpose/Aim:** Click or tap here to enter text.

**Source of Funding:** Click or tap here to enter text.

**Do you have current specific ethical approval to operate?** Click or tap here to enter text.

**Please provide name of organisation that provided ethical approval:** Click or tap here to enter text.

1. How many hospitals/clinics comprise your surveillance system? ­­­­­­­­­­­­­­­Click or tap here to enter text.
2. How many births did your surveillance system population include in the most recent year? Click or tap here to enter text.
3. Does your system record only congenital anomaly diagnosis at birth/neonatally, or also after the neonatal period? Click or tap here to enter text.
4. Who would be using the GBD app to collect and record data about the babies born with birth defects? (midwife, nurse, doctor, research nurse……) Click or tap here to enter text.
5. Do you take photos of babies as part of the diagnosis process for surveillance? Choose an item.
6. If yes, is taking photos included in your ethics approval? Choose an item.
7. If yes, what type of consent do you obtain before taking photos? Choose an item.
8. If yes, who requests for consent from mothers to take photos? Choose an item.
9. If yes, do you have somebody who confirms the diagnostic information about birth defects using photos? Choose an item.
10. If yes, please state the clinical background/role of the person who confirms the diagnostic information from the photos. Click or tap here to enter text.
11. What sort of procedures do you have in place to ensure adequate data protection of confidential personal data regarding babies with congenital anomaly? Click or tap here to enter text.