VS-913P Rev. 10/2022

RESET

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS

Kentucky Public Health
Prevent. Promote. Protect.

Abortion Prescription Reporting Form

☐ **Physician Reporting** ☐ **Pharmacy Reporting**

For Physician Reporting: Each prescription issued for which the primary indication is the induction of abortion as defined in KRS 311.720 shall be reported to the Office of Vital Statistics within three (3) days after the prescription was issued as required by KRS 311.774. The report shall not include information that will identify the woman involved or anyone who may be picking up the prescription on behalf of the woman.

For Pharmacy Reporting: Each prescription dispensed for which the primary indication is the induction of abortion as defined in KRS 213.101 shall be reported to the Office of Vital Statistics within three (3) days after the end of the month in which the prescription was dispensed as required by KRS 213.172. The report shall not include information that will identify the woman involved or anyone who may be picking up the prescription on behalf of the woman.

Physician Information		
The full name and address of the referring physician, agency, or service, if any.		
1a. Facility Name:	1b. Referring Physician:	
1c. Address:		
1d. City:	1e. State:	1f. Zip Code:
1g. Medications Prescribed and Dispensed by Physician: ☐ Yes ☐ No (If yes, *Pharmacy information in sections 3a through 3f not required to be completed by Physician)*		

Medications Prescribed

2a. Select the medication provided:	2b. Date Prescribed:
☐RU-486	
☐Cytotec	
☐Pitocin	
☐Mifeprex	
☐Misoprostol	
☐Other (specify)	

Pharmacy Information		
The full name of the pharmacist, name, and address of the pharmacy dispensing medication.		
3a. Pharmacy Name:	3b. Pharmacist Name:	
3c. Address:		
3d. City:	3e. State:	3f. Zip Code:

Patient Information		
The pregnant patient's city or town, county, state, country of residence, and zip code.		
4a. City or Town:		4b. County:
4c. State:	4d. Country:	4e. Zip Code:
4f. Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Unknown ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race (*Specify*):_____		
4g. Age:	4h. Is Hispanic: ☐ **Yes** ☐**No**	4i. Age of Father (*If known*):

Pre-Existing Medical Conditions

A list of pre-existing medical conditions of the pregnant patient that may complicate the pregnancy is required, including hemorrhage, infection, uterine perforation, cervical laceration, retained products, or any other condition.

5. Were there pre-existing medical conditions: ☐ **Yes** ☐ **No** (If yes, *list medical conditions below)*

Rh Status

6. If negative, patient was provided with a Rh negative information fact sheet and treated with the prevailing medical standard of care to prevent harmful fetal or child outcomes or Rh incompatibility in future pregnancies: ☐ **Yes** ☐ **No**

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Reason for Abortion

7. Reason for Abortion (*If known*):

- ☐ Sex of the unborn child
- ☐ The race, color, or national origin of the unborn child
- ☐ The diagnosis, or potential diagnosis, of Down syndrome or any other disability
- ☐ Abuse
- ☐ Coercion
- ☐ Harassment
- ☐ Trafficking
- ☐ Other (*if known*) _____

Medications Dispensed

8a. Select the medication dispensed:	8b. Date Dispensed	8c. Serial No.	8d. National Drug Code	8e. Lot No.	8f. Expiration Date
☐ RU-486					
☐ Cytotec					
☐ Pitocin					
☐ Mifeprex					
☐ Misoprostol					
☐ Other (specify)					

Method for Obtaining the Abortion-inducing Drug

9a. Prescription ordered directly with pharmacy ☐ Name of pharmacy:

9b. Mail order ☐ Name of pharmacy:

9c. Internet order ☐ Website address:

9d. Telehealth provider ☐ Name of telehealth provider:

Office of Vital Statistics Address:

Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621
Fax: 502-564-9398

Failure to submit a report by the end of thirty (30) days following the due date shall be subject to a late fee of five hundred dollars ($500) for each additional thirty (30) day period or portion of a thirty (30) day period the report is overdue.

Failure by any pharmacist or pharmacy to comply with these reporting requirements, other than filing a late report, or to submit a complete report in accordance with a court order shall subject the pharmacist or pharmacy to KRS 315.121.

Signature of person completing the form Date