

- c. Follow all instructions that may be provided by the Medical Device Reprocessing Department (MDRD) at my respective Primary Hospital Site.
- d. Handle, use, clean and transport the Hospital Instrument Sets with care. Please see *Instrument Reprocessing Frequently Asked Questions (FAQ)* at www.perinataleservicesbc.ca/Documents/Resources/HBSP/InstrumentReprocessingFAQs.pdf
- e. If I use the Hospital Instrument Sets, I will bring them back to my Primary Hospital Site for reprocessing and sterilization.

3.0 Submission of Forms for Home Births

- a. Submit the required forms for each home birth to the location designated by the HA or my Primary Hospital Site. Please see *Home Birth Records Submission Frequently Asked Questions (FAQ)* at www.perinataleservicesbc.ca/Documents/Resources/HBSP/HomeBirthRecordsSubmissionFAQs.pdf
 - Antenatal Record (Parts 1 & 2)
 - Labour Partogram
 - Newborn Record (Parts 1 & 2)
 - Labour & Birth Summary
- b. Use a cover sheet for each individual set of Home Birth Records. Please see example of *HOME BIRTH RECORDS SUBMISSION Cover Sheet* at www.perinataleservicesbc.ca/Documents/Resources/HBSP/RecordsSubmissionCoverSheet.pdf
- c. Submit the required forms within 30 days of the birth.

<p>Signature of Care Provider:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Name (print):</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date signed:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>Signature of Witness: (Health Authority Representative)</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Name of Witness (print):</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date Witnessed:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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Original – HA Representative
Copy – Care Provider