

Center Number: _____
 Birth Year: _____

VERMONT OXFORD NETWORK TRANSFER LOG

**TRANSFER LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY
 DO NOT SUBMIT TO VERMONT OXFORD NETWORK**

Network ID Number	Patient Name	Medical Record Number	Birth Date	Transfer Center Name	Transfer Center Code	Post-Transfer Disposition (Home, Transferred, Died, Still Hospitalized at First Birthday)	If Readmitted to Your Center after Initial Transfer, Disposition after Readmission (Home, Transferred Again, Died, Still Hospitalized in Your Center as of First Birthday)	If Transferred More than Once, Ultimate Disposition (Home, Transferred Again, Died, Still Hospitalized in Your Center as of First Birthday)	Date Infant Discharged Home, Died, or First Birthday (whichever is first)