



**MINISTRY OF HEALTH**  
SINGAPORE

**Healthcare Application and Licensing Portal (HALP)**  
**Internet User Guide - Termination Of Pregnancy**

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## 1 OVERVIEW

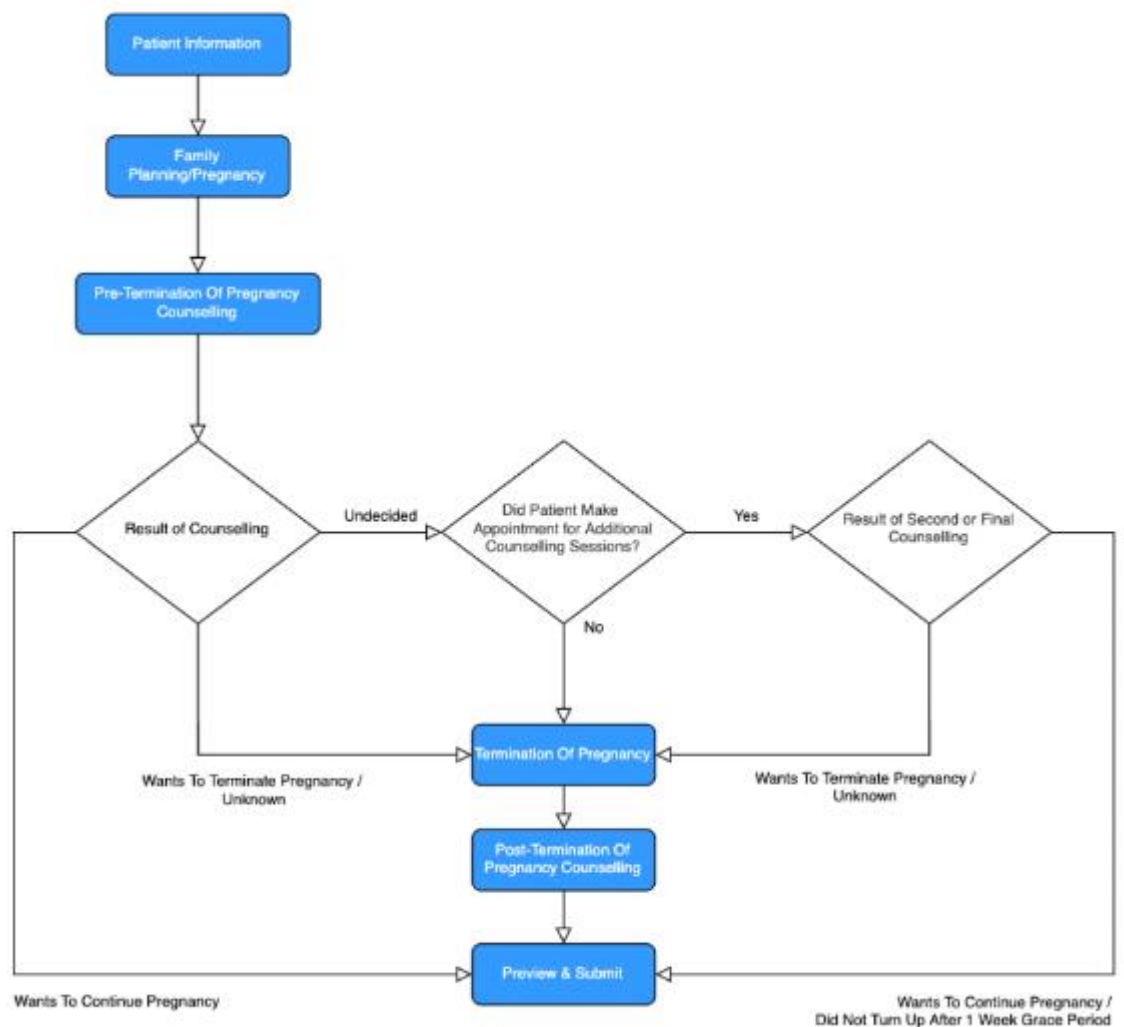
Function	Role
Logging Into HALP	TOP Data Submitter, TOP Supervisor
Data Submission	TOP Data Submitter
Save And Resume Draft	TOP Data Submitter, TOP Supervisor
Amendment	TOP Supervisor

### 1.1 Logging Into HALP

1. This section describes how to log into the system.

### 1.2 Data Submission

1. This section describes how to submit data for Termination of Pregnancy (TOP).
2. A flowchart showing the flow of a TOP submission:



**1.3 Save And Resume Draft**

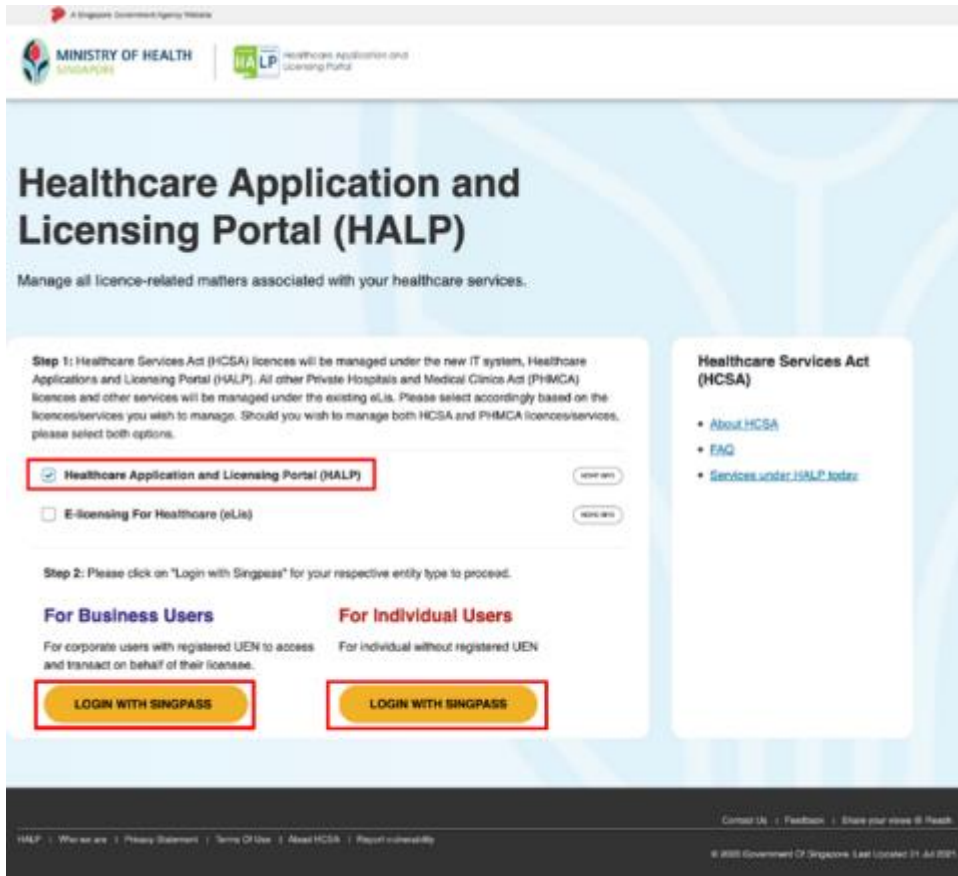
1. Please refer to section [5 Save And Resume Draft](#) for TOP Data Submissions.

**1.4 Amendment**

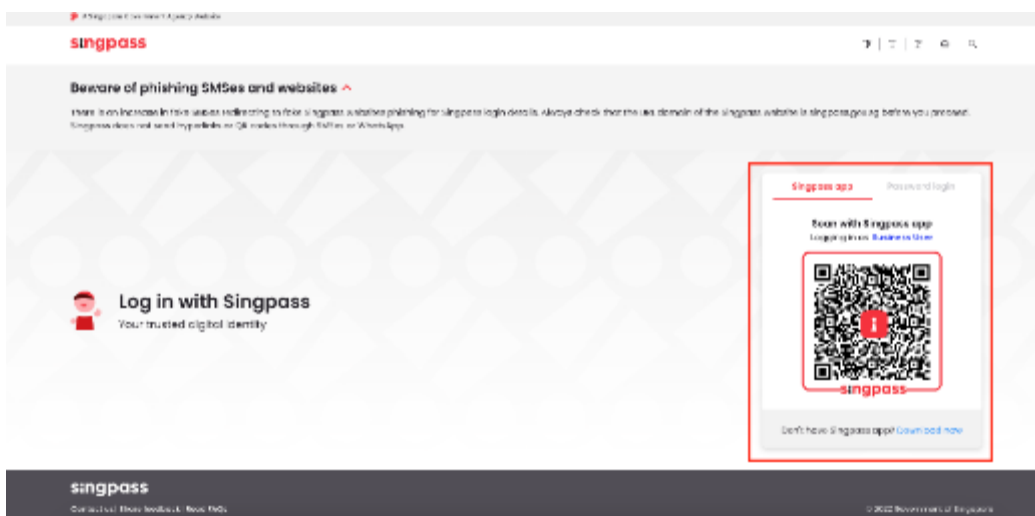
1. Please refer to section [6 Submit Amendment](#) for TOP Data Submissions.

## 2 LOGGING INTO HALP

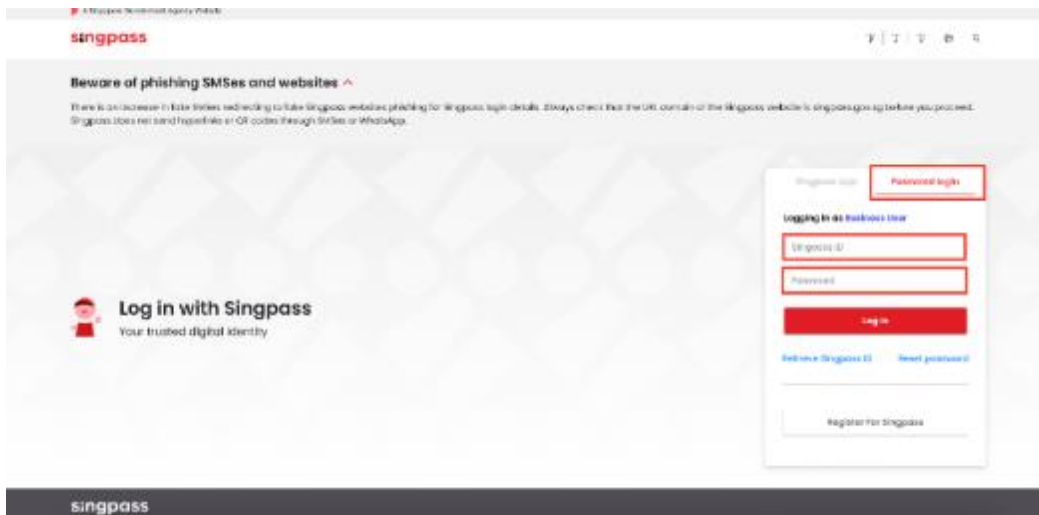
1. Go to the HALP website (<https://halp.moh.gov.sg>), select the checkbox for **Healthcare Application and Licensing Portal (HALP)** and click **LOGIN WITH SINGPASS**.



2. You will arrive at the **Singpass** login page. Scan the QR code via the **Singpass app** to login.



3. You may also login using your **Singpass ID** and **Password** by clicking **Password login**.



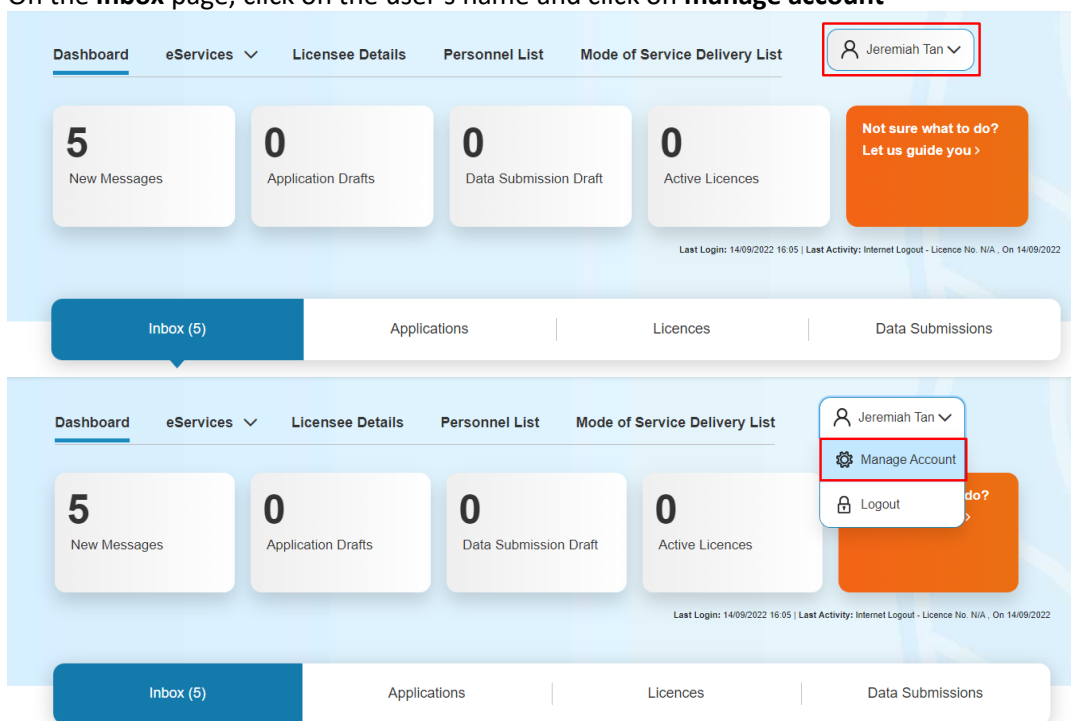
### 3 ROLES WITHIN TOP

#### 3.1 Pre-requisites

- TOP data submitter
  - Only users that have been assigned as TOP data submitters are allowed to make TOP submissions within the HALP system.
- TOP data supervisor
  - Only users that have been assigned as TOP data supervisors are allowed to amend TOP submissions within the HALP system
- System administrator
  - System administrators are only allowed to assign users TOP data submitter and TOP data supervisor roles if the organisation the system administrator is tied to has an active medical clinic, acute hospital or ambulatory surgical centre licence.
  - System administrators are also able to create new users within the system.

#### 3.2 Creating and assigning user roles

1. On the **Inbox** page, click on the user's name and click on **manage account**



2. On this page the system administrator can either **edit** existing users or **create** new users

ID No.	ID Type	Salutation	Name	Designation	Is Administrator	Is Active	Action
S 158H	NRIC	Mdm	Sarah Teo	Chief Operating Officer (COO)	No	Yes	<a href="#">Edit</a>
S 976Z	NRIC	Dr	Jeremiah Tan	CEO	Yes	Yes	<a href="#">Edit</a>
S 290J	NRIC	Dr	Sean Chow	Chief Financial Officer (CFO)	No	Yes	<a href="#">Edit</a>
S 920I	NRIC	Mr	Brendon Soh	Company Director	No	Yes	<a href="#">Edit</a>
S 176Z	NRIC	Mr	Andrew Tan	Company Secretary	No	Yes	<a href="#">Edit</a>

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3. If the system administrator clicks **edit**, they can change the roles that have been assigned to an existing user. Once the roles are assigned, click **save**.

**Edit Account**

Name \* Melvin Lim

Salutation \* Mr

ID Type NRIC

ID No S2886696D

Designation \* Chairman Medical Board

Mobile No \* 99999999

Office/Telephone No \* 88655555

Email \* seanchow@ecquaria.com

Is Administrator  Yes  No

Roles \*  HCSA Internet User  TOP Data Submitter  TOP Supervisor

Is Active  Yes  No

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4. If the system administrator clicks **create** all mandatory fields will need to be filled in. Once all the fields have been filled in and the role has been assigned, click **save**.

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Jeremiah Tan

## Create Account

Name \*

Salutation \*

ID Type \*

ID No \*

Designation \*

Mobile No \*

Office/Telephone No \*

Email \*

Is Administrator

Roles \*

Is Active

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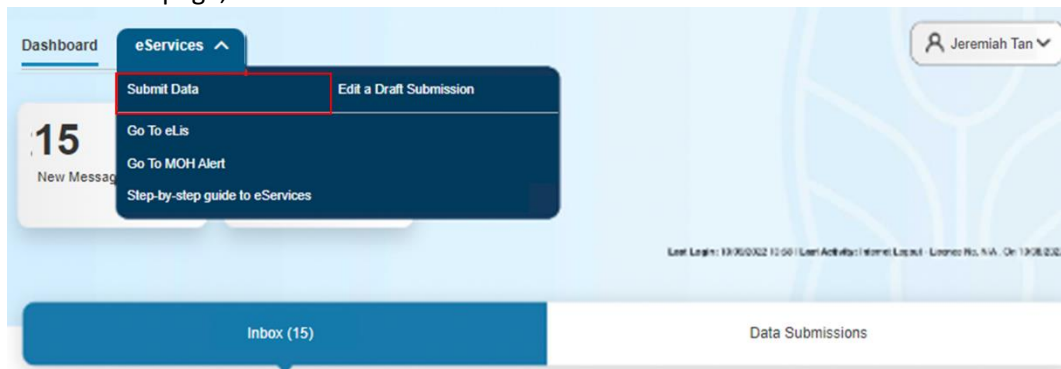
## 4 SUBMIT DATA FOR TERMINATION OF PREGNANCY

### Users with Data Submission Rights

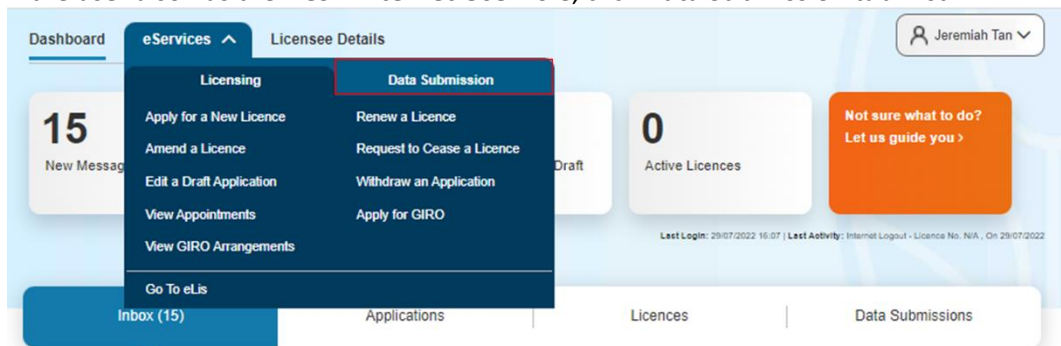
Users assigned with Role “**TOP Data Submitter**” are able to submit data for Termination Of Pregnancy.

The following steps show how to access the TOP Data Submission form:

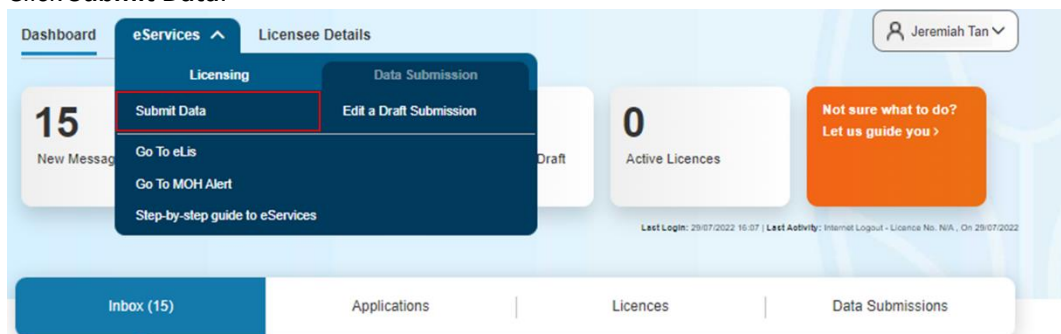
1. At the **Inbox** page, mouse over **eServices** and click **Submit Data**.



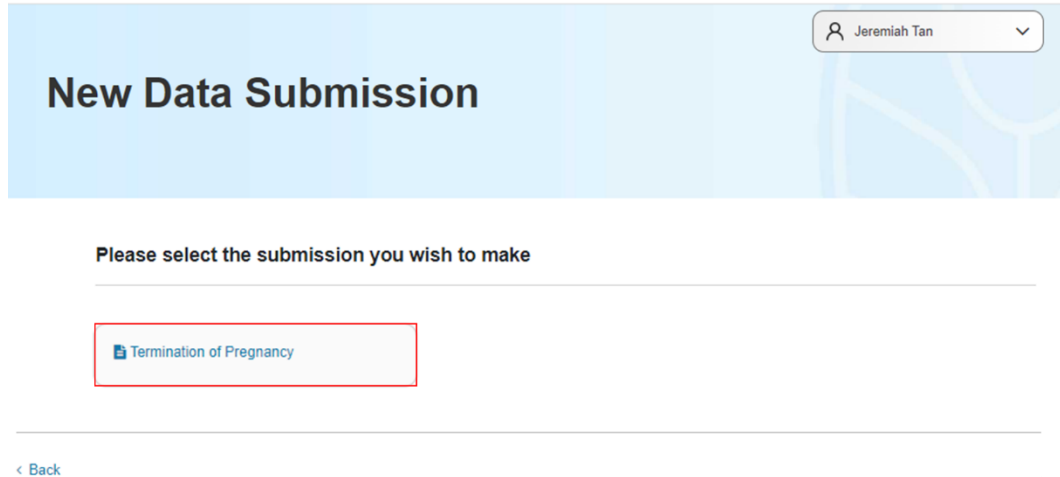
2. If the user also has the **HCSA Internet User** role, click **Data Submission** tab first.



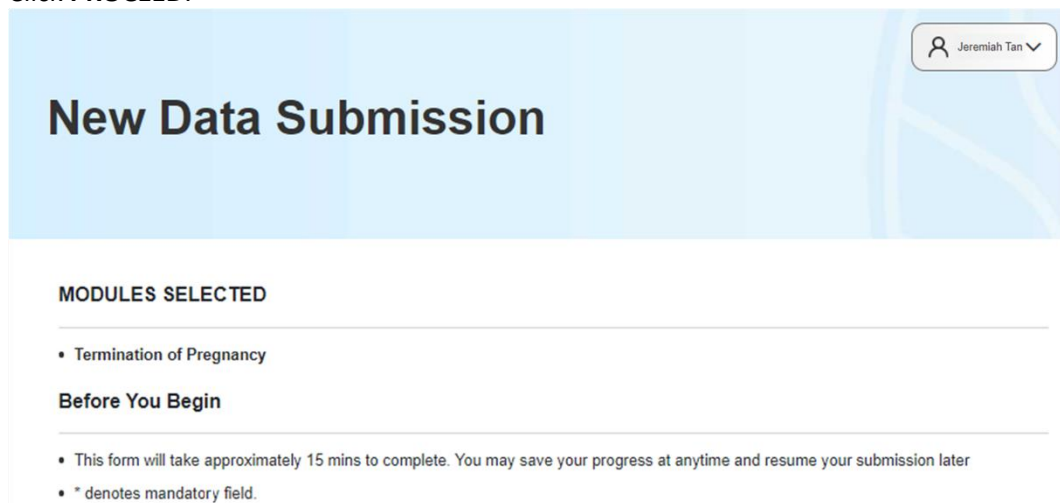
3. Click **Submit Data**.



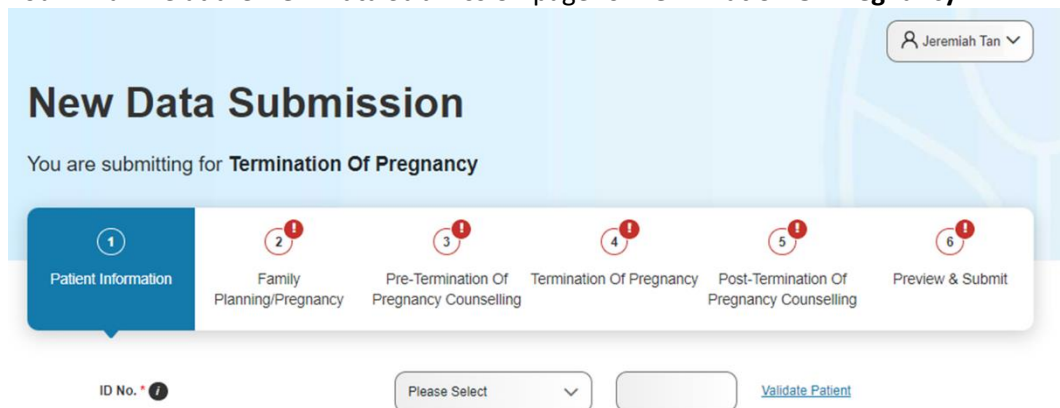
4. Click **Termination of Pregnancy**.



5. Click **PROCEED**.



6. You will arrive at the **New Data Submission** page for **Termination Of Pregnancy**.



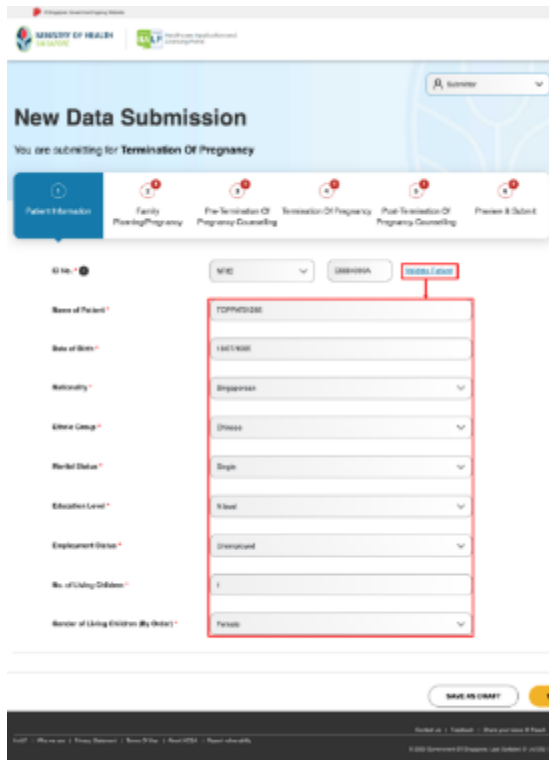
#### 4.1 Stage 1: Patient Information

1. Enter the **ID Type**, **ID No.** and click **Validate Patient**.

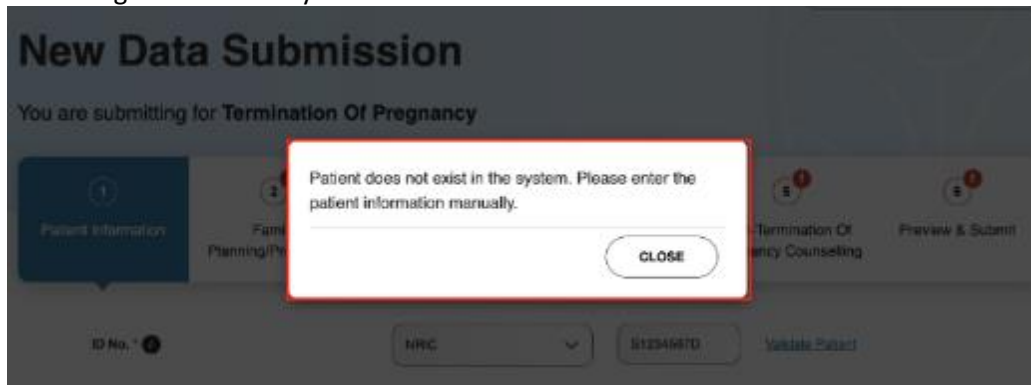
*Note: For patient who has both FIN and passport number, please fill in the FIN number.*



2. If the **ID No.** was previously used before in the Institution's TOP data submissions, the remaining fields will be populated. If the patient's details have changed, please update the information.



3. If the **ID No.** is for a new patient, the data submitter will be prompted to enter the remaining fields manually.



4. Dropdown options for **Nationality**.

Nationality \*  
Ethnic Group \*  
Marital Status \*  
Education Level \*

Please Select  
Please Select  
Singaporean  
Afghan  
Albanian  
Algerian  
American  
Andorran

5. If the **Nationality** of the patient was **not Singaporean**, select the **Residence Status**.

Nationality \*  
Residence Status \*

Afghan  
Please Select

6. Dropdown options for **Residence Status**.

Residence Status \*  
Ethnic Group \*  
Marital Status \*  
Education Level \*

Please Select  
Please Select  
Singapore PR  
Wife of Singapore Citizen  
Work Pass Holder  
Wife of Work Pass Holder  
Resident in Singapore for at least 4 months preceding TOP  
Other Residence Status and TOP performed to Save Life of Pregnant Woman

7. If **Resident in Singapore for at least 4 months preceding TOP** was selected for **Residence Status**, enter the **Date Commenced Residence in Singapore**.

Residence Status \*  
Date Commenced Residence in Singapore \*

Resident in Singapore for at least 4 months preceding TOP  
dd/mm/yyyy

8. If value **greater than 0** was selected for **No. of Living Children**, select the **Gender of Living Children (By Order)** for each child.

No. of Living Children \*  
Gender of Living Children (By Order) \*

2  
Please Select  
Please Select

9. Make sure that all mandatory fields are completed. Once you are done, click **NEXT**.

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Singapore

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## New Data Submission

You are submitting for **Termination Of Pregnancy**

- 1 Patient Information
- 2 Family Planning/Pregnancy
- 3 Pre-Termination Of Pregnancy Counselling
- 4 Termination Of Pregnancy
- 5 Post-Termination Of Pregnancy Counselling
- 6 Review & Submit

ID No. \*   [Update Patient](#)

Name of Patient \*

Date of Birth \*

Nationality \*

Ethnic Group \*

Marital Status \*

Education Level \*

Employment Status \*

No. of Living Children \*

Gender of Living Children (By Order) \*

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## 4.2 Stage 2: Family Planning/Pregnancy

1. Fill in all the highlighted mandatory fields below.

**New Data Submission**  
You are submitting for **Termination Of Pregnancy**

Progress: 1 Patient Information, 2 **Family Planning/Pregnancy**, 3 Pre-Termination Of Pregnancy Counselling, 4 Termination Of Pregnancy, 5 Post-Termination Of Pregnancy Counselling, 6 Preview & Submit

Contraceptive History \*

No. of Previous Termination(s) of Pregnancy \*

First Day of Last Menstrual Period \*

Gestation Age based on Ultrasound  
(1)Weeks\*   
(2)Days\*

Gestation Age not based on Ultrasound  
(1)Weeks   
(2)Days

Main Reason for Request to Terminate Pregnancy \*

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2. If **Practised Up Till Time of Pregnancy** was selected for **Contraceptive History**, select the contraceptive methods in **Most Recent Contraceptive Methods Used**.

Contraceptive History \*

Most Recent Contraceptive Methods Used \*

4. Dropdown options for Contraceptive History.

Contraceptive History \*

No. of Previous Termination(s) of Pregnancy \*

- Please Select
- Discontinued Before Time Of Pregnancy
- Never Practised
- Practised Up Till Time of Pregnancy

5. Dropdown options for **Most Recent Contraceptive Methods Used.**

Most Recent Contraceptive Methods Used \*

No. of Previous Termination(s) of Pregnancy \*

First Day of Last Menstrual Period \*

Gestation Age based on Ultrasound

- Please Select
- Condom
- Implant
- Injection
- IUD
- Oral Pill
- Safe Period
- Others

6. If **Gestation Age based on Ultrasound** was **15 weeks and above**, select the **Gender of the Aborted Child** if **Gestation Age** is 15 weeks and above.

Gestation Age based on Ultrasound (1)Weeks\*

(2)Days\*

Gestation Age not based on Ultrasound (1)Weeks

(2)Days

Gender of the Aborted Child if Gestation Age is 15 weeks and above \*

7. Dropdown options for **Gender of the Aborted Child** if **Gestation Age** is 15 weeks and above.

Gender of the Aborted Child if Gestation Age is 15 weeks and above \*

Main Reason for Request to Terminate Pregnancy \*

- Please Select
- Male
- Female
- Unknown



8. Dropdown options for **Main Reason for Request to Terminate Pregnancy**.

The screenshot shows a form with a dropdown menu for 'Main Reason for Request to Terminate Pregnancy'. The dropdown is open, displaying a list of options: 'Please Select', 'Cannot Afford Another Child', 'Enough Children', 'Fetal Anomalies', 'Maternal High Risk', 'Medical Reasons Other Than Rubella Infection, Fetal Anomalies, or Maternal High Risk', 'Not Ready To Start A Family', 'Rubella Infection', 'Too Close To Last Pregnancy', 'Unmarried/Divorced/Widowed', and 'Others'. The 'Please Select' option is highlighted in blue. A red box highlights the entire dropdown menu.

9. If **Fetal Anomalies** was selected for **Main Reason for Request to Terminate Pregnancy**, select the type in **Type of Fetal Anomalies**.

The screenshot shows two form fields. The first field, 'Main Reason for Request to Terminate', has a dropdown menu with 'Fetal Anomalies' selected. The second field, 'Type of Fetal Anomalies', has a dropdown menu with 'Please Select' selected. Both dropdown menus are highlighted with red boxes.

10. Dropdown options for **Type of Fetal Anomalies**.

The screenshot shows a form with a dropdown menu for 'Type of Fetal Anomalies'. The dropdown is open, displaying a list of options: 'Please Select', 'Chromosomal Anomalies', 'Heart Anomalies', 'Musculoskeletal Anomalies', 'Nervous System Anomalies', 'Respiratory System Anomalies', 'Urinary System Anomalies', 'Multiple Fetal Anomalies', and 'Other Fetal Anomalies'. The 'Please Select' option is highlighted in blue. A red box highlights the entire dropdown menu.

11. If **Other Fetal Anomalies** was selected for **Type of Fetal Anomalies**, enter in the anomalies in **Other Type of Fetal Anomalies (Please specify)**. The **Other Type of Fetal Anomalies (Please Specify)** field has a limit of 1000-characters.

The screenshot shows two form fields. The first field, 'Type of Fetal Anomalies', has a dropdown menu with 'Other Fetal Anomalies' selected. The second field, 'Other Type of Fetal Anomalies (Please specify)', is an empty text input field. Both fields are highlighted with red boxes.

12. If **Maternal High Risk** was selected for **Main Reason for Request to Terminate Pregnancy**, enter the condition(s) in **Indicate the Maternal High Risk condition(s) that led to the Request to Terminate Pregnancy**. The **Indicate the Maternal High Risk condition(s) that led to the Request to Terminate Pregnancy** field has a limit of 100-characters.

Main Reason for Request to Terminate Pregnancy \*

Indicate the Maternal High Risk condition(s) that led to the Request to Terminate Pregnancy \*

13. If **Medical Reasons Other Than Rubella infection, Fetal Anomalies, or Maternal High Risk** was selected for **Main Reason for Request to Terminate Pregnancy**, enter the condition(s) in **Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy**. The **Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy** field has a limit of 50-characters.

Main Reason for Request to Terminate Pregnancy \*

Indicate the Medical Condition(s) that led to the Request to Terminate Pregnancy \*

14. Once you are done, click **NEXT**.

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### 4.3 Stage 3: Pre-Termination Of Pregnancy Counselling

1. If the gestation period was between 13 to 24 weeks, select the options for **Given Counselling On Mid-Trimester Pregnancy Termination** and **Patient Sign the Acknowledgement For Counselling On Mid-Trimester Pregnancy Termination**.

The screenshot shows a progress bar with six steps: 1. Patient Information, 2. Family Planning/Pregnancy, 3. Pre-Termination Of Pregnancy Counseling (active), 4. Termination Of Pregnancy, 5. Post-Termination Of Pregnancy Counseling, and 6. Preview & Submit. Below the progress bar, there are three radio button questions:

- Whether Given Counselling \*** with options  Yes and  No.
- Given Counselling On Mid-Trimester Pregnancy Termination \*** with options  Yes and  No.
- Patient Sign the Acknowledgement For Counselling On Mid-Trimester Pregnancy Termination \*** with options  Yes and  No.

2. If the gestation period was not between 13 to 24-weeks, the fields **Given Counselling On Mid-Trimester Pregnancy Termination** and **Patient Sign the Acknowledgement For Counselling On Mid-Trimester Pregnancy Termination** will not appear.

The screenshot shows the same progress bar as above. Below it, only the first question is visible:

- Whether Given Counselling \*** with options  Yes and  No.

At the bottom right, there are two buttons: **SAVE AS DRAFT** and **NEXT**.

3. Select either yes or no for **Whether Given Counselling**.

The screenshot shows the same progress bar as above. Below it, the first question is visible:

- Whether Given Counselling \*** with options  Yes and  No.

4. If **No** was selected for **Whether Given Counselling**, enter the reason in **Reason for No Counselling**.  
The **Reason for No Counselling** field has a limit of 100-characters.

The screenshot shows the radio button options for **Whether Given Counselling \*** with  Yes and  No. Below it is a text input field for **Reason for No Counselling \***.

- If **Yes** was selected for **Whether Given Counselling**, fill in the new highlighted mandatory fields.

For counsellor who has both FIN and passport number, please fill in the FIN number.

If counselling was given by a doctor, please enter the **Doctor's Professional Regn/MCR No.**

- If **Unknown** or **Wants To Terminate Pregnancy** was selected for **Result of Counselling**, click **NEXT**, refer to section 3.4.1.

- If **Wants To Continue With Pregnancy** was selected for **Result of Counselling**, click **NEXT** and refer to section 3.4.2.

8. If **Undecided** was selected for **Result of Counselling**, select the option for **Did Patient Make Appointment for Additional Counselling Sessions?**

Result of Counselling \*

Did Patient Make Appointment for

Additional Counselling Sessions? \*

9. If **No** was selected for **Did Patient Make Appointment for Additional Counselling Sessions?**, click **NEXT** and refer to section 3.4.1.

Did Patient Make Appointment for

Additional Counselling Sessions? \*

Patient Age (Years) 26

10. If **Yes** was selected for **Did Patient Make Appointment for Additional Counselling Sessions?**, enter the date of **Date of Second or Final Counselling** and select the **Result of Second or Final Counselling**.

If patient underwent two or more counselling sessions, indicate the date and result of the final counselling session.

Did Patient Make Appointment for

Additional Counselling Sessions? \*

Date of Second or Final Counselling \*

Result of Second or Final Counselling \*

11. If **Unknown** or **Wants To Terminate Pregnancy** was selected for **Result of Second or Final Counselling**, click **NEXT** and refer to section 3.4.1.

Result of Second or Final Counselling \*

Patient Age (Years)

12. If **Did Not turn Up After 1 Week Grace Period** or **Wants To Continue With Pregnancy** was selected for **Result of Second or Final Counselling**, click **NEXT** and refer to section 3.4.2.

Result of Second or Final Counselling \*  
Please Select  
Please Select  
Did Not turn Up After 1 Week Grace Period  
Unknown  
Wants To Continue With Pregnancy  
Wants To Terminate Pregnancy

Patient Age (Years)

SAVE AS DRAFT NEXT

13. If patient is **less than 16 years old** on the **Date of Counselling**, **Health Promotion Board Counselling Centre** is listed as an option in the dropdown for **Place Where Counselling Was Done** in addition to the list of Institutions that holds an active Hospital or Medical PHMCA/HCSA licence.

Place Where Counselling Was Done \*  
Please Select  
99A, 100770  
Zyjjagys Jihjng Nhohe, 503 TAMPINES CENTRAL 1 #99-99A, 520503  
Zyjjagys Jihjng Nhohe, 83 PUNGGOL CENTRAL WATERWAY POINT #99-99A, 828761  
Health Promotion Board Counselling Centre

Result of Counselling \*  
Patient Age (Years)

14. If patient is **less than 16 years old** on the **Date of Counselling**, marital status was **not Married**, and **Health Promotion Board Counselling Centre** was not selected for **Place Where Counselling Was Done**, enter the reason in **Reason why Counselling was Not Conducted at HPB Counselling Centre**.  
The **Reason why Counselling was Not Conducted at HPB Counselling Centre** field has a limit of 100-characters.

Place Where Counselling Was Done \*  
Medical Center 16, 101 Thomson Road United Square Shopping Mall #05-03, 30-

Reason why Counselling was Not Conducted at HPB Counselling Centre \*

15. Once you are done, click **NEXT**.

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#### 4.4 Stage 4: Termination Of Pregnancy

##### 4.4.1 Patient will continue TOP

This section will only be displayed when either the **Result of Counselling** or the **Result of Second or Final Counselling** is **Wants to Terminate Pregnancy** or **Unknown** selected. Please refer to sections 1.2 and 4.3 for more details.

1. You will arrive at the **Termination Of Pregnancy** stage. Fill in the highlighted mandatory fields below.

The screenshot shows a multi-step form for 'Termination Of Pregnancy'. The progress bar at the top indicates the current step is 4 out of 6. The form contains the following fields:

- Type of Termination of Pregnancy \* (Dropdown menu, highlighted with a red box)
- Result of Termination of Pregnancy - Any (Radio buttons for Yes and No, highlighted with a red box)
- Complications \*
- Date of Termination of Pregnancy \* (Date field, highlighted with a red box)
- Doctor who Performed the Termination of Pregnancy
  - Doctor's Professional Regn / MCR No. \* (Text field, highlighted with a red box)
  - Name of Doctor
  - Speciality
  - Sub-Speciality
  - Qualification
  - Other Qualification (Text field, highlighted with a red box)

2. Dropdown options for **Type of Termination of Pregnancy**.

The dropdown menu for 'Type of Termination of Pregnancy' is open, showing the following options:

- Please Select
- Drug and Surgical Procedure
- Solely by Drug
- Solely by Surgical Procedure

3. If **Solely by Drug** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields. The **Date of Termination of Pregnancy** is the date of first dose of drug.

The screenshot shows a web form with the following fields and values:

- Type of Termination of Pregnancy \***: Solely by Drug
- Type of Drug \***: Please Select (highlighted in red)
- Result of Termination of Pregnancy - Any Complications \***:  Yes  No
- Date of Termination of Pregnancy \* ⓘ**: 13/08/2022
- Is Drug for Termination of Pregnancy Prescribed in Own Premises? \***:  Yes  No (highlighted in red)
- Place where Drug for Termination of Pregnancy was Prescribed \***: Medical Center 24, 111 International Business Park The Synergy #01-13B, 179098
- Is Drug for Termination of Pregnancy Taken in Own Premises? \***:  Yes  No (highlighted in red)
- Place where Drug for Termination of Pregnancy was Taken \***: Medical Center 24, 111 International Business Park The Synergy #01-13B, 179098

4. Dropdown options for Type of Drug.

The screenshot shows a dropdown menu for the 'Type of Drug' field. The options listed are:

- Please Select
- Please Select
- Mifepristone Plus Misoprostol
- Misoprostol Alone
- Intra Amniotic Prostaglandins
- Misoprostol Per Vaginal
- Others



5. If **Solely by Surgical Procedure** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields. The **Date of Termination of Pregnancy** is the date of operation.

The screenshot shows a form with the following fields and values:

- Type of Termination of Pregnancy \***: Solely by Surgical Procedure
- Type of Surgical Procedure \***: Please Select (highlighted with a red box)
- Type of Anaesthesia \***: Please Select (highlighted with a red box)
- Result of Termination of Pregnancy - Any Complications \***:  Yes  No
- Date of Termination of Pregnancy \***: 13/08/2022
- Is Surgical Termination of Pregnancy Performed in Own Premises? \***:  Yes  No (highlighted with a red box)

6. Dropdown options for **Type of Surgical Procedure**.

The dropdown menu for 'Type of Surgical Procedure' is open, showing the following options:

- Please Select
- Please Select (highlighted with a blue bar)
- Dilation and Evacuation with Mifepristone
- Uterine Aspiration
- Others

7. Dropdown options for **Type of Anaesthesia**.

The dropdown menu for 'Type of Anaesthesia' is open, showing the following options:

- Please Select
- Please Select (highlighted with a blue bar)
- General Anaesthesia
- IV Sedation
- Regional/Local Anaesthesia
- Others

8. If **Drug and Surgical Procedure** was selected for **Type of Termination of Pregnancy**, fill in the following new highlighted mandatory fields.

*Note: The **Date of Termination of Pregnancy** is the date of first dose of drug or surgical procedure, whichever is earlier.*

Type of Termination of Pregnancy \*

Type of Surgical Procedure \*

Type of Anaesthesia \*

Type of Drug \*

Result of Termination of Pregnancy - Any Complications \*  Yes  No

Date of Termination of Pregnancy \*

Is Surgical Termination of Pregnancy  Yes  No

Performed in Own Premises? \*  Yes  No

Is Drug for Termination of Pregnancy  Yes  No

Prescribed in Own Premises? \*  Yes  No

Place where Drug for Termination of Pregnancy was Prescribed \*

Is Drug for Termination of Pregnancy Taken in Own Premises? \*  Yes  No

Place where Drug for Termination of Pregnancy was Taken \*

9. Dropdown options for **Type of Surgical Procedure**.

Type of Surgical Procedure \*

Type of Anaesthesia \*

Type of Drug \*

10. Dropdown options for **Type of Anaesthesia**.

Type of Anaesthesia \*

Type of Drug \*

Result of Termination of Pregnancy - Any Complications \*

11. Dropdown options for **Type of Drug**.

Type of Drug \*

Result of Termination of Pregnancy - Any

Complications \*

Date of Termination of Pregnancy \*

- Please Select
- Mifepristone Plus Misoprostol
- Misoprostol Alone
- Intra Amniotic Prostaglandins
- Misoprostol Per Vaginal
- Others

12. If **No** was selected for **Is Surgical Termination of Pregnancy Performed in Own Premises?**, select the **Place of Surgical Termination of Pregnancy**.

Is Surgical Termination of Pregnancy  Yes  No

Performed in Own Premises? \*

Place of Surgical Termination of Pregnancy \*

13. If **No** was selected for **Is Drug for Termination of Pregnancy Prescribed in Own Premises?**, select the **Place where Drug for Termination of Pregnancy was Prescribed**.

Is Drug for Termination of Pregnancy  Yes  No

Prescribed in Own Premises? \*

Place where Drug for Termination of Pregnancy was Prescribed \*

14. If **No** was selected for **Is Drug for Termination of Pregnancy Taken in Own Premises?**, select the **Place where Drug for Termination of Pregnancy was Taken**. If the drug is taken in other premises such as the patient's home, select the option **Others E.g. Home**.

Is Drug for Termination of Pregnancy Taken in Own Premises? \*  Yes  No

Place where Drug for Termination of Pregnancy was Taken \*

15. If **Yes** was selected for **Result of Termination of Pregnancy - Any Complications**, enter the complications in **Complications Arising From Operation**. The **Complications Arising From Operation** field has a limit of 66-characters.

Result of Termination of Pregnancy - Any  Yes  No

Complications \*

Complications Arising From Operation \*

16. Enter the Doctor's Professional Registration No. (MCR No.) and click **Validate Doctor**. The **Doctor's Name, Specialty, Sub-Specialty, and Qualification** should appear.

Doctor's Professional Regn / MCR No. \*  [Validate Doctor](#)

Name of Doctor

Specialty

Sub-Specialty

Qualification

17. If the **Doctor's Name, Specialty, Sub-Specialty, or Qualification** are not available, enter the information.

Doctor's Professional Regn / MCR No. \*  [Validate Doctor](#)

Name of Doctor

Specialty \*

Sub-Specialty \*

Qualification \*

Other Qualification

18. If the **Doctor's Name, Specialty, Sub-Specialty, or Qualification** are not available, enter the information.

Doctor's Professional Regn / MCR No. \*  [Validate Doctor](#)

Name of Doctor \*

Specialty \*

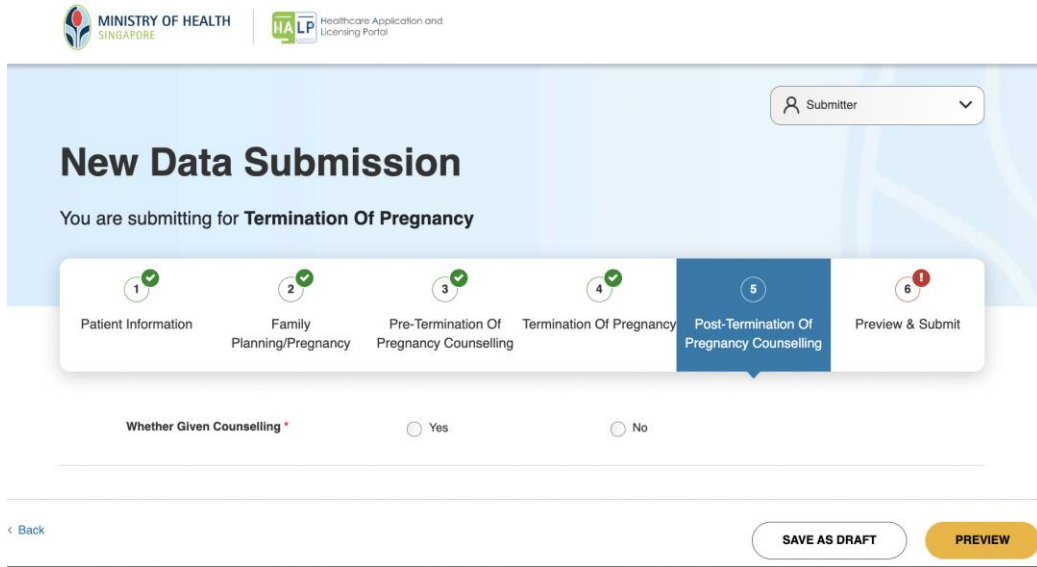
Sub-Specialty \*

Qualification \*

19. Once you are done, click **NEXT**.



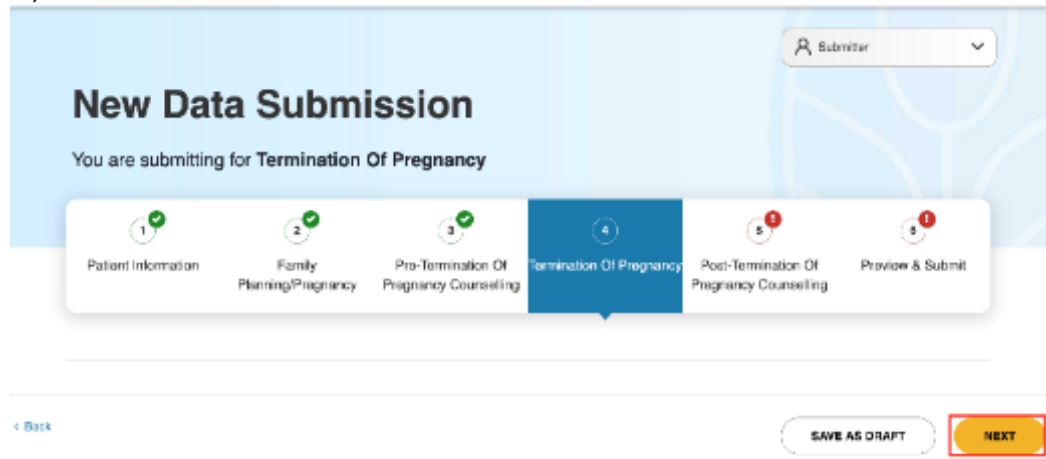
20. You will arrive at the **Post-Termination Of Pregnancy Counselling** page. Please refer to section 4.5.



#### 4.4.2 Patient will not continue TOP

This section will only be displayed when either the **Result of Counselling** has **Wants to Continue Pregnancy** selected or if **Result of Second or Final Counselling** has **Wants to Continue Pregnancy** or **Did Not Turn Up After 1 Week Grace Period** selected. Please refer to sections 1.2 and 4.3 for more details.

You will arrive at an empty Termination Of Pregnancy stage. There are no fields to fill in, click **NEXT** and refer to section 3.5.2.



## 4.5 Stage 5: Post-Termination Of Pregnancy Counselling

### 4.5.1 Patient will continue TOP

This section will only be displayed when either the **Result of Counselling** or the **Result of Second or Final Counselling** has **Wants to Terminate Pregnancy** or **Unknown** selected. Please refer to sections 1.2, 4.3 and 4.4.1 for more details.

1. If **No** was selected for **Whether Given Counselling**, enter the reason in **Reason for No Counselling**.

The **Reason for No Counselling** field has a limit of 100-characters.

Whether Given Counselling \*  Yes  No

Reason for No Counselling \*

2. If **Yes** was selected for **Whether Given Counselling**, fill in the new highlighted mandatory fields.

*Note: For counsellor who has both FIN and passport number, please fill in the FIN number.*

*If counselling was given by a doctor, please enter the **Doctor's Professional Regn/MCR No.***

Whether Given Counselling \*  Yes  No

Result of Counselling \*

Counsellor ID Type \*

Counsellor ID No. \*

Name of Counsellor \*

Doctor's Professional Regn / MCR No.

Date of Counselling \*

Place Where Counselling Was Done \*

3. Dropdown options for **Result of Counselling**.

Result of Counselling \*

Counsellor ID Type \*

Counsellor ID No. \*

Name of Counsellor \*

Condom

Injection

IUD


Oral Pill

Refused family planning

Sterilisation

Others

4. Dropdown options for **Counsellor ID Type**.

Counsellor ID Type \* 

Counsellor ID No. \*

Name of Counsellor \*

Please Select ▼

Please Select

NRIC

FIN

Passport

5. If Others was selected for Result of Counselling, enter the result in Result of Counselling - Others.

Result of Counselling \*

Others ▼

Result of Counselling - Others \*

6. Once you are done, click **PREVIEW**.

[Back](#) [SAVE AS DRAFT](#) [PREVIEW](#)

7. You will arrive at the **Preview & Submit** page. Please refer to section 3.6.

## New Data Submission

You are submitting for **Termination Of Pregnancy**

1 

Patient Information

2 

Family Planning/Pregnancy

3 

Pre-Termination Of Pregnancy Counselling

4 

Termination Of Pregnancy

5 

Post-Termination Of Pregnancy Counselling

6 

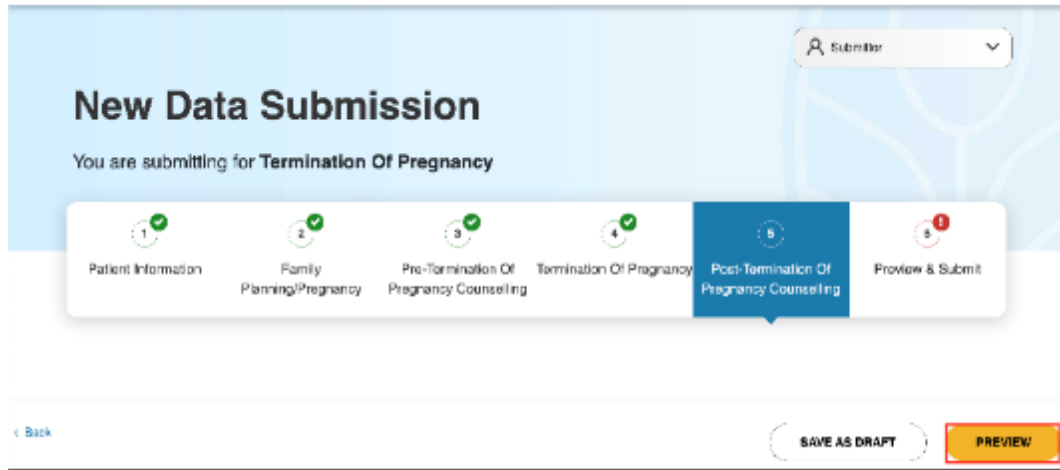
Preview & Submit



#### 4.5.2 Patient will not continue TOP

This section will only be displayed when either the **Result of Counselling** has **Wants to Continue Pregnancy** selected or if **Result of Second or Final Counselling** has **Wants to Continue Pregnancy** or **Did Not Turn UP After 1 Week Grace Period** selected. Please refer to sections 1.2, 4.3 and 4.4.2 for more details.

1. You will arrive at an empty Post-Termination Of Pregnancy Counselling stage. Click **PREVIEW**.



#### 4.6 Stage 6: Preview & Submit

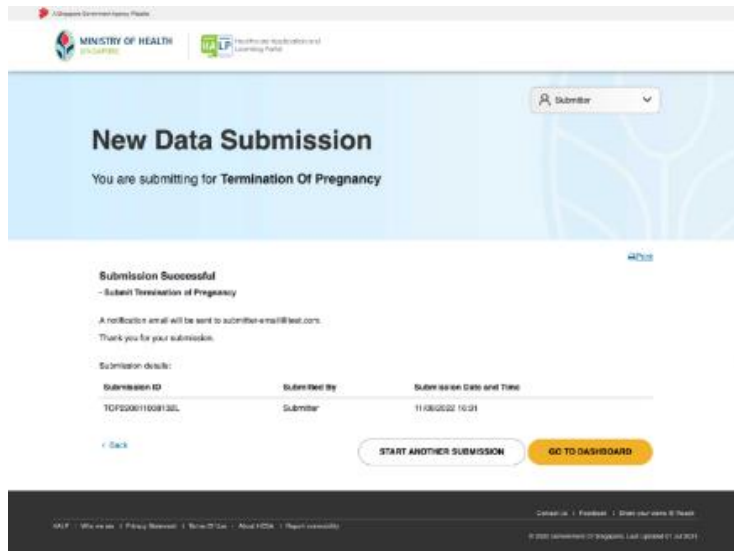
1. Select the checkbox under **Declarations**.
2. The Back button can be used if any amendments need to be made before submission.

The Print button can be used to print the preview page if necessary.

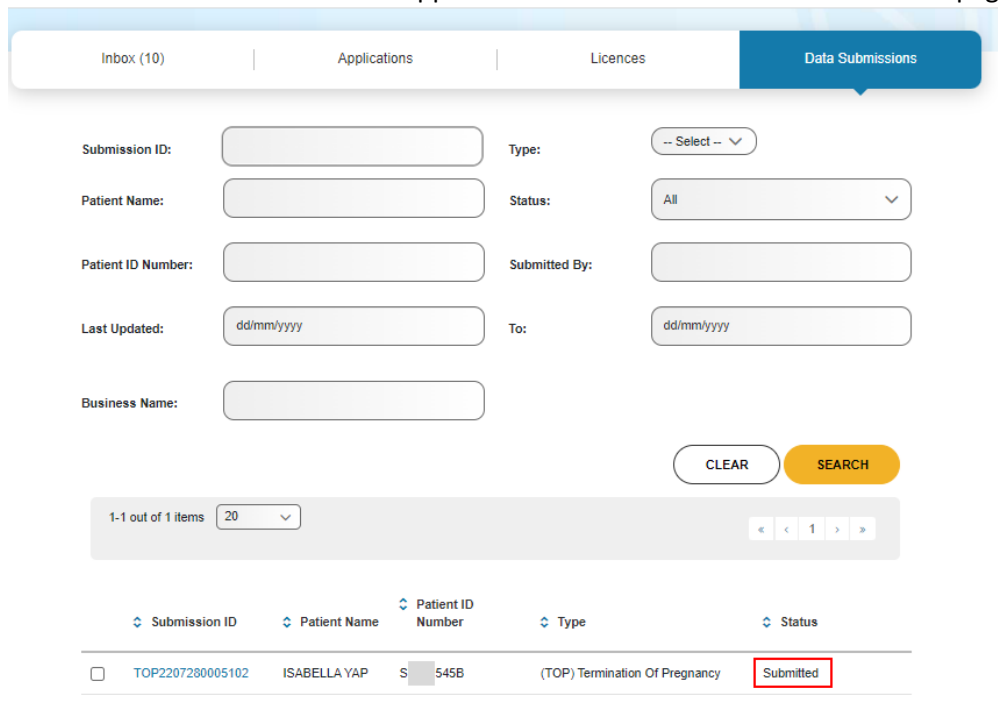
Click **SUBMIT**.

The screenshot shows the 'New Data Submission' interface for 'Termination Of Pregnancy'. At the top, there are logos for the Ministry of Health Singapore and HALP (Healthcare Application and Licensing Portal). A user profile dropdown shows 'Submitter'. A progress bar at the top indicates six stages: 1. Patient Information, 2. Family Planning/Pregnancy, 3. Pre-Termination Of Pregnancy Counselling, 4. Termination Of Pregnancy, 5. Post-Termination Of Pregnancy Counselling, and 6. Preview & Submit (highlighted in blue). Below the progress bar is a 'Print' button. The main content area shows five expandable sections, each with a dropdown arrow and a green checkmark: Patient Information, Family Planning/Pregnancy, Pre-Termination Of Pregnancy Counselling, Termination Of Pregnancy, and Post-Termination Of Pregnancy Counselling. The 'Declarations' section is expanded, showing a checkbox that is checked with the text: 'I have ensured that the information contained in this data submission is accurate, complete and true.' At the bottom left is a '< Back' button. At the bottom right are two buttons: 'SAVE AS DRAFT' and 'SUBMIT'. The footer contains links for 'HALP | Who we are | Privacy Statement | Terms Of Use | About HCSEA | Report vulnerability', 'Contact Us | Feedback | Share your views @ Reach', and '© 2020 Government Of Singapore. Last Updated 01 Jul 2021.'

- An acknowledgement statement will be shown when the submission is successfully submitted.



- The status of the submission will appear as **Submitted** in the **Data Submissions** page.



5. An acknowledgement message will appear in the **Inbox** page.

**Message Content**

Dear Submitter,

We have received your data submission for Termination Of Pregnancy on 26/09/2022 11:49:06.

Submission ID: TOP220926031279J

For assistance, please contact us at [HALP\\_Helpdesk@moh.gov.sg](mailto:HALP_Helpdesk@moh.gov.sg).

Thank you.

Regards  
**Health Regulation Group**  
**Ministry of Health**

6. An acknowledgement email will be sent to all users with the **TOP Submitter** role.



**help-UAT@moh.gov.sg**  
to me ▾

Dear Submitter,

We have received your data submission for Termination Of Pregnancy on 25/07/2022 14:50:27.

Submission ID: TOP220725000349U

For assistance, please contact us at [HALP\\_Helpdesk@moh.gov.sg](mailto:HALP_Helpdesk@moh.gov.sg).

Thank you.

Regards

**Health Regulation Group**

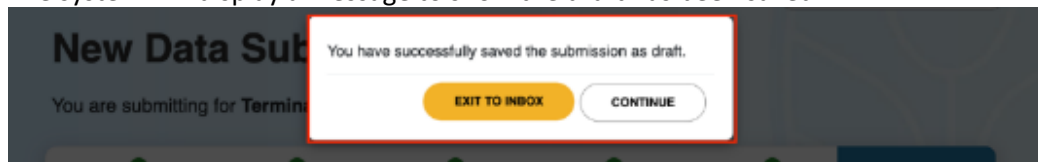
**Ministry of Health**

## 5 SAVE AND RESUME DRAFT SUBMISSION

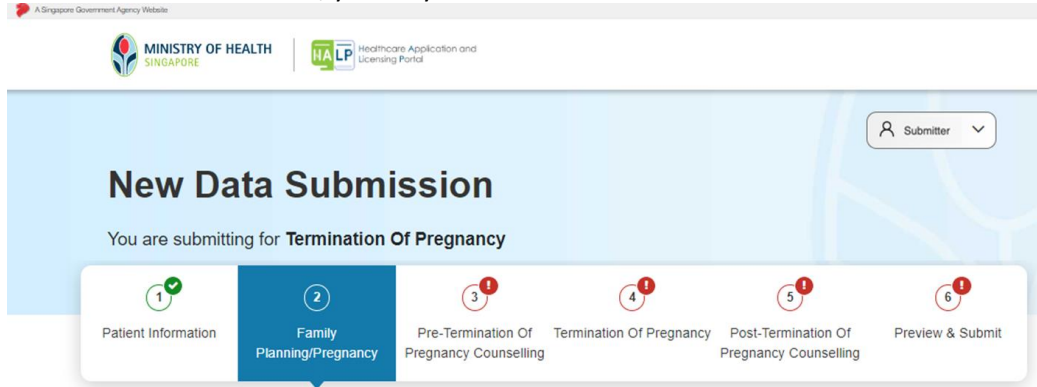
### 5.1 Save And Resume Draft for TOP Data Submission

1. You may click **SAVE AS DRAFT** at any point during a submission.

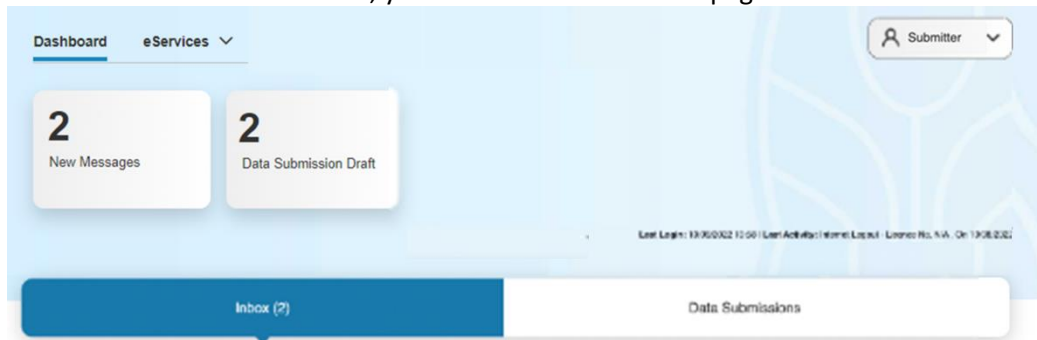
2. The system will display a message to show the draft has been saved.



3. If **CONTINUE** was selected, you may resume the submission.



4. If **EXIT TO INBOX** was selected, you will arrive at the **Inbox** page.



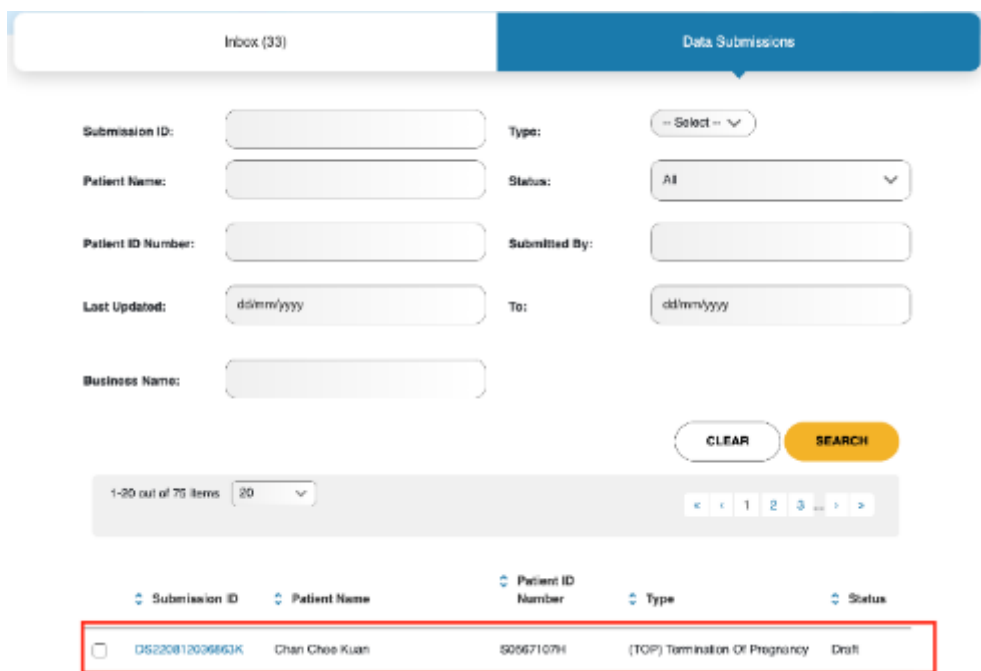
5. Click **Data Submissions**.



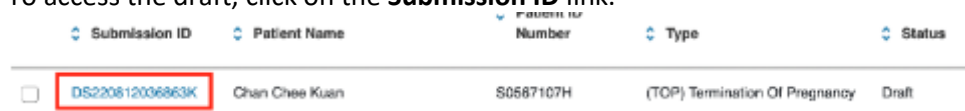
You will arrive at the **Data Submissions** tab. The draft should appear as the first entry highlighted in the table below.

You can search for a data submission by entering the **Submission ID, Type, Patient Name, Status, Patient ID Number**, user **Submitted By**, submission **Last Updated** from & **To** date, and **Business Name** of the Institution.

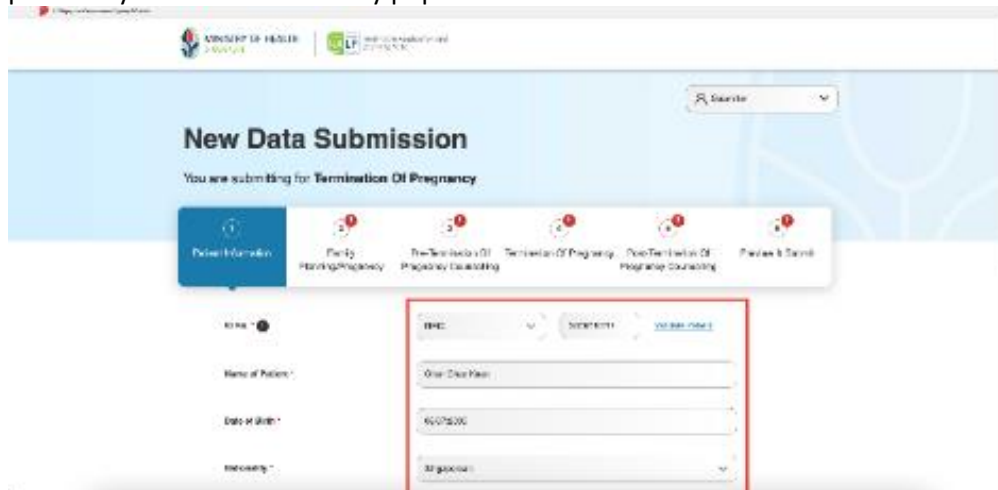
You can also find the submission by scrolling down if the submission was submitted recently.



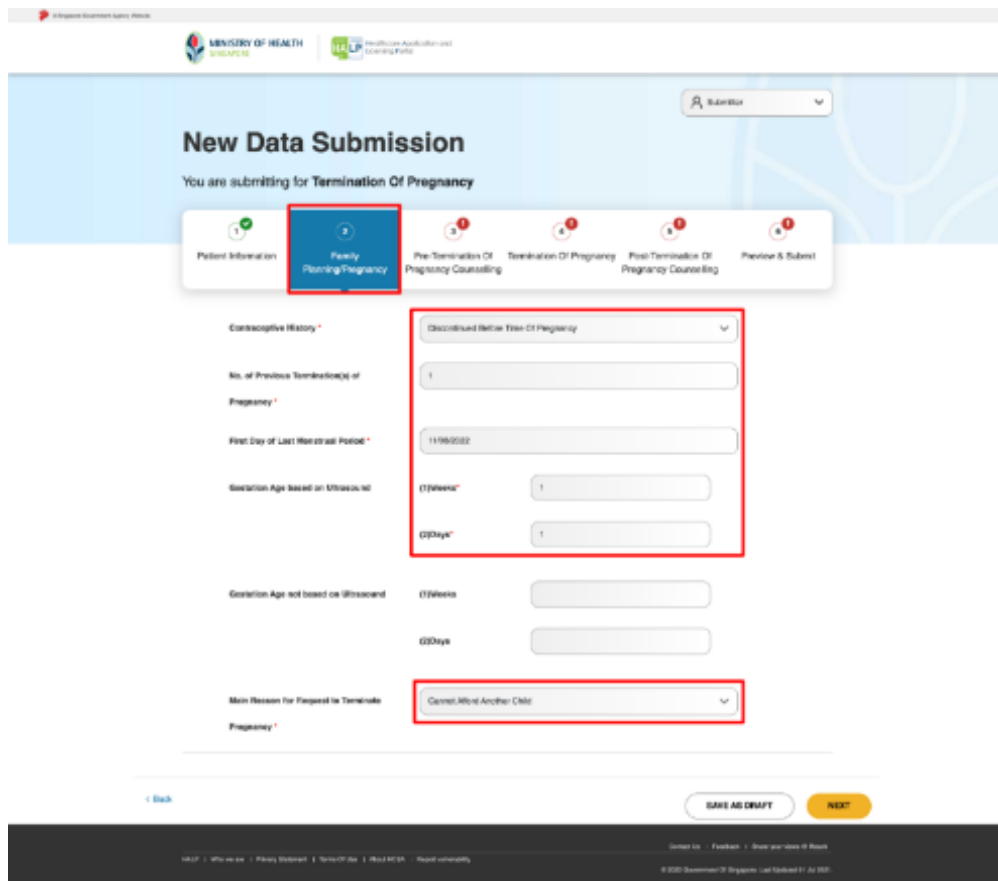
6. To access the draft, click on the **Submission ID** link.



- The system will redirect to the first page of your submission, information entered previously will be automatically populated.



- Click on the **tabs** to travel to the point you left off.





## 6 SUBMIT AMENDMENT

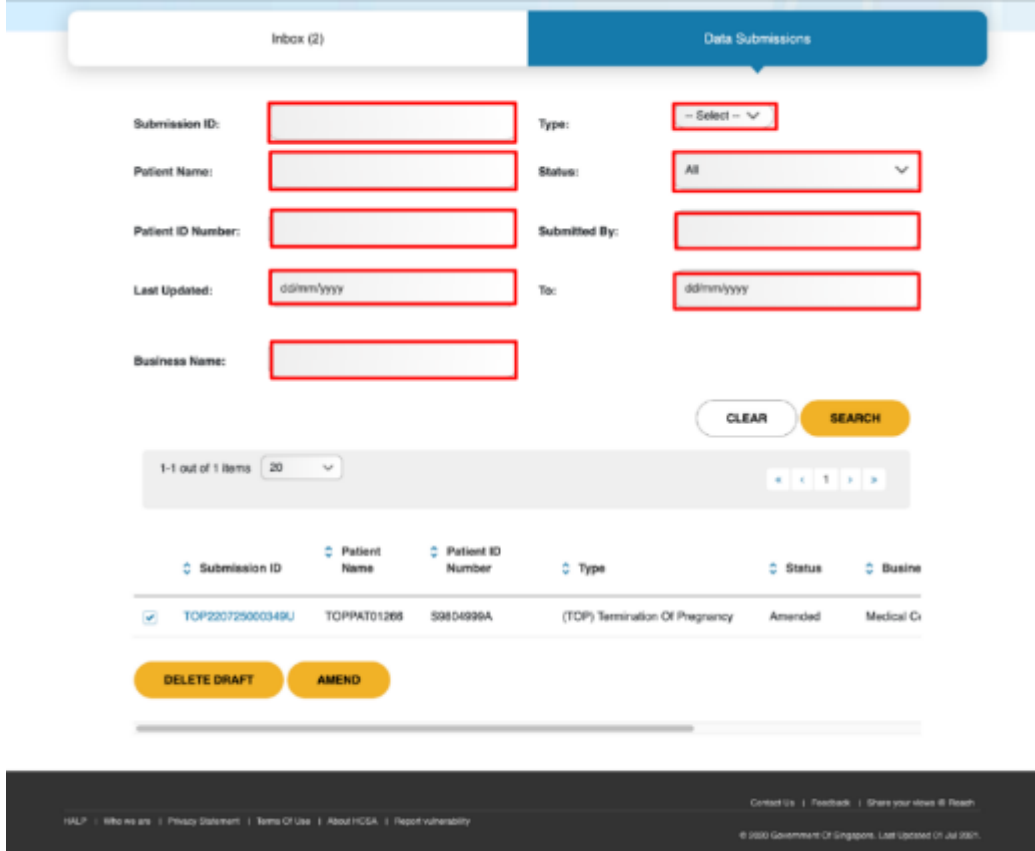
### 6.1 Amend TOP Data Submission

1. Only a user with **TOP Supervisor** role is able to amend TOP submission. At the Inbox page, click **Data Submissions**.



2. You will arrive at the **Data Submissions** tab. You can search for a data submission by their **Submission ID, Type, Patient Name, submission Status, Patient ID Number, user Submitted By, submission Last Updated** from & **To** date, and **Business Name** of the Institution.

You can also find the submission by scrolling down if the submission was submitted recently.



3. Select the checkbox of one submission that has **Type of: (TOP) Termination of Pregnancy**.

Submission ID	Patient Name	Patient ID Number	Type	Status	Busine
<input checked="" type="checkbox"/> TOP220725000349U	TOPPAT01286	S9804999A	(TOP) Termination Of Pregnancy	Amended	Medical Ci

**DELETE DRAFT** **AMEND**

4. You will arrive at the **Amendment** page.



5. Update the information at the relevant pages (e.g., update **No. of Previous Termination(s) of Pregnancy**) then click on the **Preview & Submit** stage. Users are allowed to jump between pages when amending a TOP data submission.

- At the **Preview & Submit** stage, select the option for **Reason for Amendment** and select the checkbox under **Declarations**.

The Back button can be used if any amendments need to be made before submission.

The Print button can be used to print the preview page if necessary.

**Amendment**

You are amending for **Termination Of Pregnancy**

1 Patient Information   2 Family Planning/Pregnancy   3 Pre-Termination Of Pregnancy Counselling   4 Termination Of Pregnancy   5 Post-Termination Of Pregnancy Counselling   6 Preview & Submit

[Print](#)

Patient Information ✓

Family Planning/Pregnancy ✓

Pre-Termination Of Pregnancy Counselling ✓

Termination Of Pregnancy ✓

Post-Termination Of Pregnancy Counselling ✓

Amendment

Reason for Amendment \*  
Please Select  
Please Select  
Correction of TOP details  
Others

Declarations

I have ensured that the information contained in this data submission is accurate, complete and true.

[Back](#)   [SAVE AS DRAFT](#)   [SUBMIT](#)

- If **Others** was selected for **Reason for Amendment**, enter the reason in **Reason for Amendment (Others)**.

Amendment

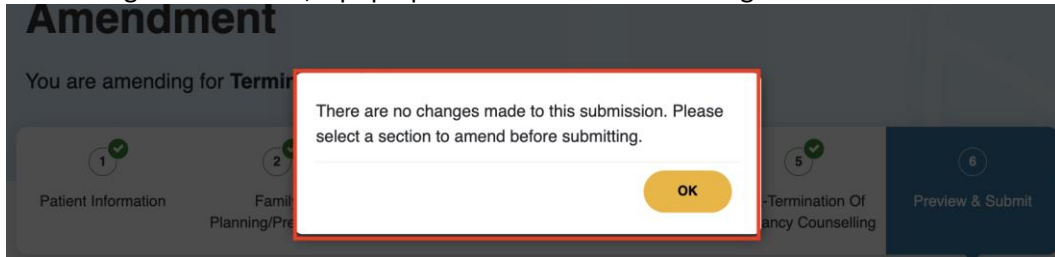
Reason for Amendment \*  
Others

Reason for Amendment (Others) \*

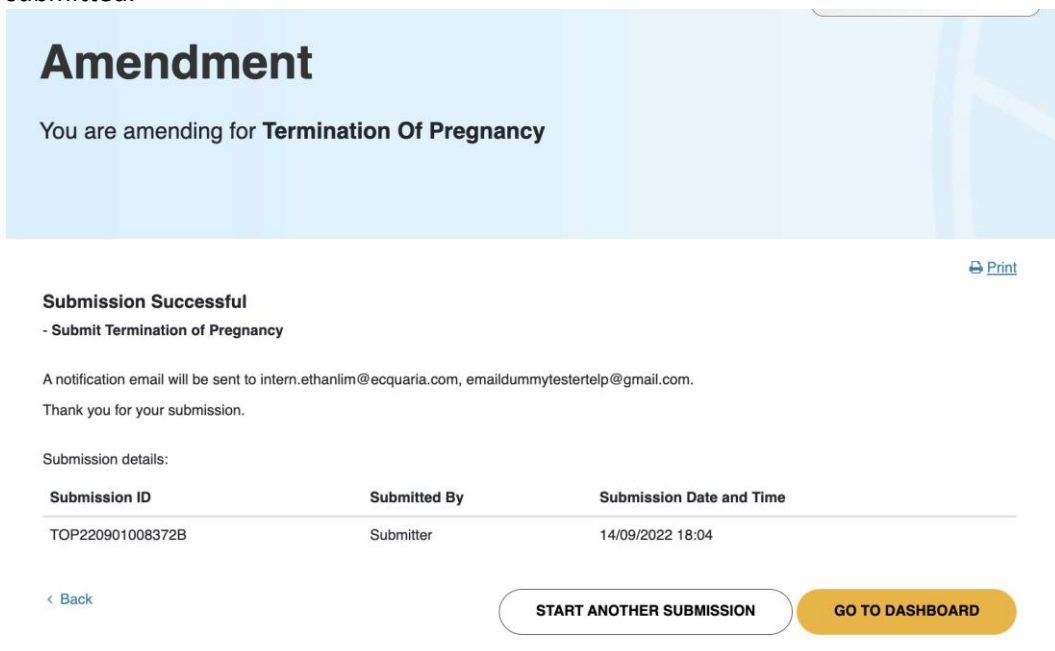
8. Once you are done, click **SUBMIT**.



9. If no changes were made, a pop-up will be shown after clicking **SUBMIT**.



10. An acknowledgement statement will be shown when the amendment is successfully submitted.



11. The status of the submission will appear as **Amended** in the **Data Submissions** page.

Submission ID:  Type:

Patient Name:  Status:

Patient ID Number:  Submitted By:

Last Updated:  To:

Business Name:

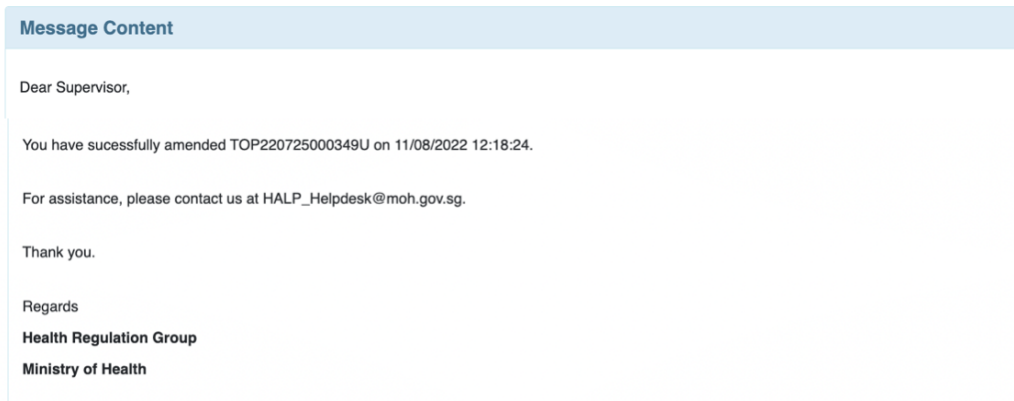
1-1 out of 1 items

Submission ID	Patient Name	Patient ID Number	Type	Status
<input type="checkbox"/> TOP2207280005102	ISABELLA YAP	S 545B	(TOP) Termination Of Pregnancy	<b>Amended</b>

12. And the **Last Updated** date will change to the date the amendment was done.

Patient Name	Patient ID Number	Type	Status	Business Name	Last Updated
ISABELLA YAP	S 545B	(TOP) Termination Of Pregnancy	Amended	Medical Center 47	<b>28/07/2022</b>

13. An acknowledgement message will appear in the **Inbox** page.



14. An acknowledgement email will be sent to all users with the **TOP Supervisor** role.

MOH Data Submission - Amend Submission TOP220725000349U Successful



**halp-UAT@moh.gov.sg**  
to me ▾

Dear Supervisor,

You have successfully amended TOP220725000349U on 11/08/2022 12:18:24.

For assistance, please contact us at [HALP\\_Helpdesk@moh.gov.sg](mailto:HALP_Helpdesk@moh.gov.sg).

Thank you.

Regards

**Health Regulation Group**  
**Ministry of Health**

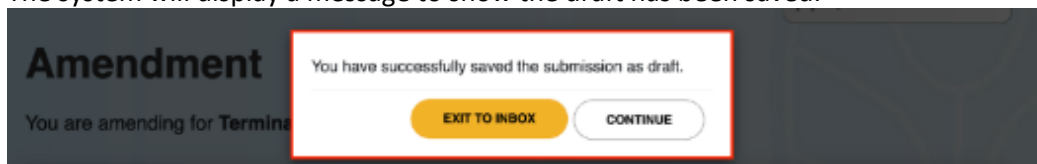
## 7 SAVE AND RESUME DRAFT AMENDMENT

### 7.1 Save And Resume Draft for Amendment of TOP Data Submission

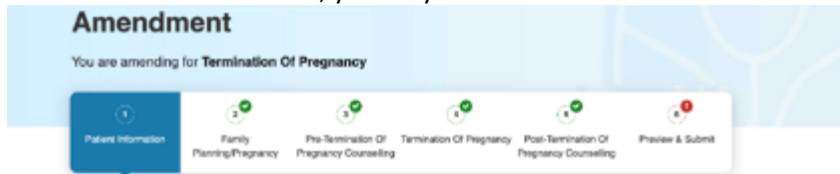
1. You may click **SAVE AS DRAFT** at any point during an amendment.



2. The system will display a message to show the draft has been saved.



3. If **CONTINUE** was selected, you may resume the amendment.



4. If **EXIT TO INBOX** was selected, you will arrive at the **Inbox** page.



5. Click **Data Submissions**.



- You will arrive at the **Data Submissions** tab. The draft should appear as the first entry highlighted in the table below.

- To access the draft, click on the **Submission ID** link.

Submission ID	Patient Name	Patient ID Number	Type	Status
<a href="#">DS220812036863K</a>	Chan Chee Kuan	S0567107H	(TOP) Termination Of Pregnancy	Draft

- The system will redirect to the first page of your amendment, information entered previously will be automatically populated.

- Click on the **tabs** to travel to the point you left off.