

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 <u>5 Save And Resume Draft</u> for TOP Data Submissions.

1.4 Amendment

1. Please refer to section <u>6 Submit Amendment</u> 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

5 New Messages	Application Drafts	Data Submission Draft	O Active Licences	Let us guide you >
			Last Login: 14/09/2022 16:05	Lest Activity: Internet Logout - Licence No. N/A , On 1
Inbox (5)	Applic	ations	Licences	Data Submissions
Dashboard eServices	✓ Licensee Details	Personnel List Mode o	f Service Delivery List	 A Jeremiah Tan ∨ A Manage Account
5 New Messages	O Application Drafts	Data Submission Draft	O Active Licences	A Logout

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

Interne	et User	Accounts		R Jeremiah Tan	~		
ID No.	ID Type	Salutation	Name	Designation	Is Administrator	Is Active	Action
S 158H	NRIC	Mdm	Sarah Teo	Chief Operating Officer (COO)	No	Yes	Edit
S 976Z	NRIC	Dr	Jeremiah Tan	CEO	Yes	Yes	Edit
S 290J	NRIC	Dr	Sean Chow	Chief Financial Officer (CFO)	No	Yes	Edit
S 9201	NRIC	Mr	Brendon Soh	Company Director	No	Yes	Edit
S 176Z	NRIC	Mr	Andrew Tan	Company Secretary	No	Yes	Edit
< Back						CRE	ATE

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 *		Mehin Lim		
Salutation •		Mr		~)
ID Type		NRIC		
ID No		\$2896696D		
Designation *		Chairman Medical Board		~
Mobile No		90000000		
Office/Telephone No		666656666		
Email *		seanchow@ecquaria.com		
Is Administrator		Yes	O No	
Roles *		 HCSA Internet User 		
		TOP Data Submitter TOP Supervisor		
Is Active		Yes	O No	
< Back				CLEAR
				Contact Us Feedback Share your views @ R

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**.

SINGAPO	APORE	r neacin	HA	LP Healthcare Application and Licensing Portal		
ea	ate	e Ac	:00	unt		A Jeremiah Tan
				Please Select		×)
				Please Select		~)
				Please Select		~]
				⊖ Yes	No	
				HCSA Internet User TOP Data Submitter TOP Supervisor		
				⊖ Yes	No	
						CLEAR

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.

Dashboard	eServices A		A Jeremiah Tan 🗸
	Submit Data	Edit a Draft Submission	
:15	Go To eLis Go To MOH Alert		
New Messa	ag Step-by-step guide to eSe	ervices	
			Last Lagin: 1005002 1500 Last Activities donnel Lagest - Lasnes No. NA. On 1005202
	Inbo	x (15)	Data Submissions
		V	

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

Dashboard	eServices A License	ee Details			A Jeremian Tan V
	Licensing	Data Submission			
15	Apply for a New Licence	Renew a Licence		0	Not sure what to do?
10	Amend a Licence	Request to Cease a Licence		U	Let us guide you >
New Messag	Edit a Draft Application	Withdraw an Application	Draft	Active Licences	
_	View Appointments	Apply for GIRO	-		
	View GIRO Arrangements			Last Login: 29/07/2022 16:07	Last Activity: Internet Logout - Licence No. N/A , On 29/07/
	Go To eLis				
In	box (15)	Applications		Licences	Data Submissions

3. Click Submit Data.

ashboard	eServices A Licen	see Details			A Jeremiah Tan V
_	Licensing	Data Submission			
15	Submit Data	Edit a Draft Submission		0	Not sure what to do?
New Messag	Go To eLis		Draft	Active Licences	Let us guide you?
	Go To MOH Alert				
	Step-by-step guide to eServ	ices		Lest Login: 29/07/2022 16:07	Last Activity: Internet Logout - Licence No. N/A., On 29/07/2022
In	box (15)	Applications	1	Licences	Data Submissions

4. Click Termination of Pregnancy.



5. Click **PROCEED**.

ew Data Submission	
remination of Pregnancy	
fore You Begin	

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 <u>Validate Patient</u>. Note: For patient who has both FIN and passport number, please fill in the FIN number.

ID No. * 🕖	NRIC	✓ S9804999A	Validate Patient
Name of Datient *			

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.

New Data Submis	ssion		A summ	
bu are submitting for Termination O	f Pregnancy			
1) New Thereador Faceby Proving Programy	9 Pre-Termination CP - Te Programmy Counselling	enisation Of Pregnancy	Post-Transisation Of Programs Generating	President & Calcord
10 Ha.*	wie	v (100-014	10000Linex	
Rame of Patient?	TOPINGLOBE			
Base of Birth."	1847.408			
Reloatly -	Begageraan		×.	
Ditria Casup *	Dieses		~	
Revised Dation *	Brain		×.	
Education Local *	1 lovel		v.	
Exploance title tae *	Designed		~) ~	
Ba. of Using Onlines *	(·			
Bender of Lining Enlisten (By Oxfor) *	Tenak		×	
			-	

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 *	Please Select	~
	Please Select	
Ethnic Group	Singaporean	
	Alghan	
Marital Status	Albanian	
Marital Status	Algerian	
	American	
Education Level *	Andorran	
	And and a second se	

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

Nationality *	Afghan	~
Residence Status *	Please Select	~

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

Residence Status *	Please Select
	Please Select
Ethnic Group *	Singapore PR
	Wife of Singapore Citizen
Marital Status *	Work Pass Holder
	Wife of Work Pass Holder
	Resident in Singapore for at least 4 months preceding TOP
Education Level *	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 *	Resident in Singapore for at least 4 months preceding TOP	~
Date Commenced Residence In Singapore *	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 *	2	
Gender of Living Children (By Order) *	Please Select	~
	Please Select	~

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

MINISTRY OF HEAL	.IH III III IIII IIII	ns Assistation and the fail				
New Data	a Submi	SSION Df Prognancy		A and		
•	•	••	୍	69	•	
Patient Information	Pamity Planning/Pregnancy	Pre-Termination Of Te Pregnancy Counselling	emination Of Pregnancy	Post-Termination Of Pregnancy Counselling	Preview & Submit	
0.40		MPIC	V SNELINA	Salaria Patient		
Name of Patient	ı -	TOPPATOrobal]	
Date of Birth		16.4771095]	
Nationality *		Singaporeae		v]	
Ethnie Group 1		Chinese		v		
Maritel Clatus *		Sirgle		v	3	
Education Level	P.	Alexel		v]	
Employment Sta	atas *	Unomployed		Ý]	
He. of Living Ch	Nidren *	5			נ	
Gender of Liver	g Children (By Drder) *	Female		Ý]	
+ Book					AN CRAPT	ILT

4.2 Stage 2: Family Planning/Pregnancy

1. Fill in all the highlighted mandatory fields below.

New Data Submis	SSION		A Subr	viter Y
1 2 Patient Information Family Planning/Pregnancy	3 Pre-Termination O! Pregnancy Counselling	4 Termination Of Pregnancy	Post-Termination Of Pregnancy Counselling	e Preview & Submit
Contraceptive History*	Please Select		`	
No. of Previous Termination(s) of Pregnancy *				
First Day of Last Menstrual Period *	dólmmlyyyy			
Gestation Age based on Ultrasound	(1)Weeks*			
	(2)Oays*			
Gestation Age not based on Ultrasound	(1)Weeks			
	(2)Oays			
Moin Reason for Request to Terminate Pregnancy *	Please Select		~	·
			SAVE	AS DRAFT

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

Practised Up Till Time of Pregnancy
ed * Please Select V
ed * Please Select

4. Dropdown options for Contraceptive History.

Contraceptive History *	Please Select	~
	Please Select	
No. of Previous Termination(s) of	Discontinued Before Time Of Pregnancy	
Pregnancy *	Never Practised	
	Practised Up Till Time of Pregnancy	

5. Dropdown options for Most Recent Contraceptive Methods Used.

Most Recent Contraceptive Methods Used *	Please Select	~
	Please Select	
No. of Provinue Termination(a) of	Cendom	
No. of Previous Termination(a) of	Implant	
Pregnancy *	Injection	
	IUD	
First Day of Last Menstrual Period *	Oral Pill	
	Safe Period	
Gestation Age based on Ultrasound	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*	15	
	(2)Days*	0	
Gestation Age not based on Ultrasound	(1)Weeks		
	(2)Days		
Gender of the Aborted Child if Gestation	Please Select		~
Age is 15 weeks and above *			

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

Please Select	~
Please Select	
Male	
Female	
Unknown	
	Please Select Please Select Male Female Unknown

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

Main Reason for Request to Terminate	Please Select V
Pregnancy *	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
we are I Privacy Statement I Terms Of Use About HCSA	Not Ready To Start A Family
	Rubella Infection
	Too Close To Last Pregnancy
	Unmarried/Divorced/Widowed
	Others

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

Main Reason for Request to Terminate	Fetal Anomalies	~
Pregnancy *		
Type of Fetal Anomalies *	Please Select	~

10. Dropdown options for Type of Fetal Anomalies.

Type of Fetal Anomalies *	Please Select	~
	Please Select	
	Chromosomal Anomalies	
	Heart Anomalies	
	Musculoskeletal Anomalies	
	Nervous System Anomalies	
	Respiratory System Anomalies	
	Urinary System Anomalies	
we are Frivacy Statement, Terms Of Use Abo	Multiple Fetal Anomalies	
	Other Fetal Anomalies	

 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.

Type of Fetal Anomalies *	Other Fetal Anomalies	~
Other Type of Fetal Anomalies (Please		
specify) *		

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 conditions(s) that led to the Request to Terminate **Pregnancy** field has a limit of 100-characters.

Main Reason for Request to Terminate	Maternal High Risk	~
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	Medical Reasons Other Than Rubella Infection, Fetal Anomalies, or Maternal High Risk	l
Pregnancy *		4
Indicate the Medical Condition(s) that led to		
the Request to Terminate Pregnancy *		

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

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NEXT

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**.

P	29	۲	0	9	9
Patient Information	Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	Termination Of Pregnancy	Post-Termination Of Pregnancy Counselling	Preview & Submit
Whether Gilven (Counselling *	💭 Ves	🕕 No		
Given Counselli	ng On Mid-Trimester	🕕 Yes	🗇 No	1	
Pregnancy Term	lination *			-	
Pationt Sign the	Acknowledgemont For	🔘 Ves	🕕 No	1	
Counselling On	Nid-Trimester Pregnancy			-	
Termination *					

 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.

1 Patient Information	2 Family Planning/Pregnancy	(1) Pre-Termination Of Pregnancy Course ling	Contraction Of Pregnancy	e Post-Termination Of Pregnancy Courselling	Preview & Submit
Whether Siven	Counselling *	O 1944	© №		
				SAVE	

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

Patient Information	e Family Planning/Pregnancy	a Pre-Termination Of Pregnancy Course ling	Termination Of Pregnancy	5 Post-Termination Of Pregnancy Counseling	Preview & Submit
Whether Given	Counselling *	O Yes	⊖ 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.

Whether Given Counselling *	O Yes	No
Reason for No Counselling *	(

5. 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.**.

Whether Given Counselling *	Yes	No No	
Counsellor ID Type 🕖 *	Please Select		~)
Counsellor ID No.*			
Name of Counsellor *			
Doctor's Professional Regn / MCR No. 🜒			
Date of Counselling *	dd/mm/yyyy		
Place Where Counselling Was Done *	Please Select		v
Result of Counselling *	Please Select		~ _
Patient Age (Years)	27		

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

Result of Counselling *	Ploase Select	~
	Please Salect	
Patient Age (Years)	Undecided	
	Unknown	
	Wants To Continue With Pregnancy	
	Wants To Terminate Pregnancy	

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

Result of Counselling *	Wants To Continue With Pregnancy	~
	Please Select	
Patient Age (Years)	Undecided	
	Unknown	
	Wants To Continue With Pregnancy	
	Wants To Terminate Pregnancy	
		SAVE AS DRAFT

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

Result of Counselling *	Undecided	~
Did Patient Make Appointment for	Please Select	~
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	No	~	
Additional Counselling Sessions? *	-		
Patient Age (Years)	26		
		SAVE AS DRAFT	NEXT

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 <u>final</u> counselling session.

Did Patient Make Appointment for	Yes
Additional Counselling Sessions? *	
Date of Second or Final Councelling	dimmisso
Date of second of Pinal Courselling	duminoyyyy
0	
Result of Second or Final Counselling *	Please Select V

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 *	Please Select	~		
	Please Select			
Patient Age (Years)	Did Not turn Up After 1 Week Grace Period			
	Unknown			
	Wants To Continue With Pregnancy			
	Wants To Terminate Pregnancy			
	(SAVE AS D	N	EXT

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 V	
	Please Select	
Patient Age (Years)	Did Not turn Up After 1 Week Grace Period	
	Unknown	
	Wants To Continue With Pregnancy	
	Wants To Terminate Pregnancy	
	SAVE A	S DRAFT

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	
Result of Counselling *	99A, 188770	_ ^
Patient Age (Years)	Zyjagys Jihjng Nhohbe, 503 TAMPINES CENTRAL 1 #99-99A, 520503 Zyjagys Jihjng Nhohbe, 83 PUNGGOL CENTRAL WATERWAY POINT #99-99A, 828761	
	Health Promotion Board Counselling Centre	

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 *	200 No

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

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·~		~	L 4

-

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.

19 Patient Information	29 Family Planning/Pregnancy	9 Pre-Termination Of Pregnancy Counselling	Termination Of Pregnance	59 Post-Termination Of Pregnancy Counselling	6 Previeur & Submit
Type of Termina	tion of Pregnancy *	Pieose Belect		~]
Result of Termin	ation of Pregnancy - Any	O Yes	O No		
Date of Termina	tion of Pregnancy * 🕧	dd/mm/yyyy]
Doctor who I	Performed the Termina	ation of Pregnancy			
Doctor's Profes	sional Regn / MCR No. *			Validate Doctor	
Name of Doctor					
Specialty					
Sub-Specialty					
Qualification					
Other Qualificat	ion)

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

Type of Termination of Pregnancy *	Please Select	~
	Please Select	
Result of Termination of Pregnancy - Any	Drug and Surgical Procedure	
Complications *	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.

Type of Termination of Pregnancy *	Solety by Drug
Type of Drug *	Please Select V
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
Place where Drug for Termination of Pregnancy was Prescribed *	Medical Center 24, 111 International Business Park The Synergy #01-13B, 179096
Is Drug for Termination of Pregnancy Taken	Yes No
Place where Drug for Termination of Pregnancy was Taken *	Medical Center 24, 111 International Business Park The Synergy 401-138, 179098

4. Dropdown options for Type of Drug.

Type of Drug *	Please Select	~
	Please Select	
Result of Termination of Pregnancy - Any	Mifepristone Plus Misoprostol	
Complications *	Misoprostol Alone	
	Intra Amniotic Prostaglandins	
Date of Termination of Pregnancy * 1	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.

Type of Termination of Pregnancy *	Solely by Surgical Procedure		~
Type of Surgical Procedure *	Please Select		~
Type of Anaesthesia *	Please Select		×
Result of Termination of Pregnancy - Any Complications *	O Yes	No	
Date of Termination of Pregnancy *	13/08/2022		
Is Surgical Termination of Pregnancy	O Yes	O No	

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

Type of Surgical Procedure *	Please Select	~
Type of Anaesthesia *	Please Select	
	Dilation and Evacuation with Mifepristone	
	Uterine Aspiration	
	Others	
Type of Drug	Republication of the second second	

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

Type of Anaesthesia *	Please Select	\sim
Type of Drug *	Please Select	
	General Anaesthesia	
	IV Sedation	
Result of Termination of Pregnancy - Any	Regional/Local Anaesthesia	
	Others	
Complications *		

procedure, whichever is earlier.

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*

Type of Termination of Pregnancy *	Drug and Surgical Procedure
Type of Surgical Procedure *	Please Select
Type of Anaesthesia *	Please Select V
Type of Drug *	Please Select 🗸
Result of Termination of Pregnancy - Any Complications *	🔿 Yes 💿 No
Date of Termination of Pregnancy *	13/06/2022
Is Surgical Termination of Pregnancy Performed in Own Premises? *	Ves No
Is Drug for Termination of Pregnancy Prescribed in Own Premises? *	Yes No
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
Place where Drug for Termination of Pregnancy was Taken *	Medical Center 24, 111 International Business Park The Synergy #01-13B, 179098

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

Type of Surgical Procedure *	Please Select	~
Type of Anaesthesia *	Please Select	
	Dilation and Evacuation with Mifepristone	
	Uterine Aspiration	
Turne of Drug *	Others	

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

Type of Anaesthesia *	Please Select	\sim
Type of Drug *	Please Select	
	General Anaesthesia	
	IV Sedation	
Result of Termination of Pregnancy - Any	Regional/Local Anaesthesia	
	Others	
A +		

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

Type of Drug *	Please Select	~
	Please Select	
Result of Termination of Pregnancy - Any	Mifepristone Plus Misoprostol	
Complications *	Misoprostol Alone	
	Intra Amniotic Prostaglandins	
Date of Termination of Pregnancy *	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	Mes	No	
Performed in Own Premises?*			
Place of Surgical Termination of	Please Select		÷
Pregnancy *	ъ.,		

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.

Pregnancy was Prescribed *		
Place where Drug for Termination of	Please Select	*
Prescribed in Own Premises?*		
Is Drug for Termination of Pregnancy	Ves	No No

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	Ves	No	
in Own Premises? *			
Place where Drug for Termination of	Please Select		•
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 *	с	

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

Doctor's Professional Regn / MCR No. *	M06861A Malidate Docke
Name of Doctor	Chew Huck Chin
Speciality	Emergency Medicine, Respiratory Medicine
Sub-Specialty	Intensive Care Medicine
Qualification	MBBS(NUS,Singapore)1999,M Med (Emergency Med)
	(NUS,Singapore)2003,MRCS(RCS, Edinburgh,United Kingdom)2003,MRCP (UK)
	(RCP,United Kingdom)2004,M Med (Int Med)(NUS,Singapore)2004,Diploma in
	Intensive Care Medicine (ESICM)(European Society of Intensive Care
	Med,Belgium/2009

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

Doctor's Professional Regn / NCR No. *	M123452 Weidate Doctor
Name of Doctor	Germaine
Specialty *	
Sub-Specialty *	
Qualification *	
Other Qualification	

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

Dector's Professional Regn / MCR No. *	12345	Malidata Doctor
Name of Doctor *		
Specially *		
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.

New Da	ata Submi	ssion			
′ou are submitt	ing for Termination (Of Pregnancy			
19	2	3	4	5	6
Patient Informatio	n Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	Termination Of Pregnancy	Post-Termination Of Pregnancy Counselling	Preview & Submit
Whether G	iven Counselling *	O Yes	◯ No		

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 *	Ves	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 No
Result of Counselling *	Please Select	~
Counsellor ID Type *	Please Select	~
Counsellor ID No. *		
Name of Counsellor *		
Doctor's Professional Regn / MCR No. 🚺		
Date of Counselling *	dd/mm/yyyy	
Place Where Counselling Was Done *	Please Select	

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

Result of Counselling *	Please Select	\sim
	Please Select	
	Condom	
	Injection	
	IUD	
Counsellor ID No. *	Oral Pill	
	Refused family planning	
Name of Counsellor *	Sterilisation	
	Others	

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

Counsellor ID Type * 🚺	Please Select	~
	Please Select	
Counsellor ID No. *	NRIC	
	FIN	
Name of Counsellor *	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**.

5401	

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

New Da	ta Submi	ission			
/ou are submittin	g for Termination	Of Pregnancy			
. •	(2 ⁹	°	•	P	(1)
Patient Information	Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	Termination Of Pregnancy	Post-Termination Of Pregnancy Counselling	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**.

				A su	entler 🗸
New Da	ta Submi	ission			
You are submittin	u are submitting for Termination Of Pregna	Of Pregnancy	~ 0		
Patient Information	Family Planning/Pregnancy	Pre-Termination Of Termination Of Pragnancy Pregnancy Counseling	Post-Termination Of Pregnancy Courselling	Proview & Submit	

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.

						R Submitter V
lew	Data	a Submi	ssion			
ou are su	ubmitting	for Termination C	Of Pregnancy	~9	~9	
Patient Inf	ormation	Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	4 Termination Of Pregnancy	5 Post-Termination Of Pregnancy Counselling	6 Preview & Submit
						⊖ <u>Print</u>
	✓ Patie	ant Information 🥥				
	Y Fami	ily Planning/Pregna	ncy 🥝			
	V Pre-	Termination Of Preg	inancy Counselling 🤮	>		
	✓ Term	nination Of Pregnan	icy O			
	V Post	t-Termination Of Pre	gnancy Counselling (0		
	∧ Decl	larations				
		have ensured that the info	ormation contained in this data	a submission is accurate, co	implete and true.	

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

			A tabritir 🗸 🗸
New Data	Submission	1	
You are submitting for 1	fermination Of Pregnar	су	
Submission Successful			Aba
- Subarit Termination of Pregnar A retilication amail will be sent to Thank you for your submission.	ery submitter e mailië jest com		
Submission details:			
Submission ID TOP200011008138L	Submitter	Submission Date and Time 11/00/2022 10:01	
(data		START ANOTHER SUBMISSION	GC TO DASHBOARD

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

Inbox (10)	Applica	tions	Licences		Data Submissions
Submission ID:		Ту	pe:	- Select - V	
Patient Name:		Sta	atus:	All	~
Patient ID Number:		Su	Ibmitted By:		
Last Updated:	dd/mm/yyyy	То	:	dd/mm/yyyy	
Business Name:					
				CLEAR	SEARCH
1-1 out of 1 items	20 🗸			ĸ	< 1 > »
Submission	DID 🗘 Patient Name	Patient ID Number	🗘 Туре	٥	Status
□ TOP220728000	15102 ISABELLA YAP	S 545B	(TOP) Termination	Of Pregnancy Su	bmitted

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

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

halp-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.
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

۸ 🍃

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

You are submitting for Termination	Of Pregnancy			
Patient Information	3 Pre-Termination Of Pregnancy Counselling	49 Termination Of Pregnancy	5 Post-Termination Of Pregnancy Counselling	6 Preview & Submi
Contraceptive History *	Discontinued Before 1	Time Of Pregnancy	~	•
No. of Previous Termination(s) of Pregnancy *	0			
First Day of Last Menstrual Period *	11/08/2022			
Gestation Age based on Ultrasound	(1)Weeks*	0		
	(2)Days*	0		
Gestation Age not based on Ultrasound	(1)Weeks			
	(2)Days			
Main Reason for Request to Terminate Pregnancy *	Cannot Afford Another	r Child	V	\cdot

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.

Dashboard eServi	ces 🗸	R Submitter V
2 New Messages	2 Data Submission Draft	. Kan Legin: 19/00/02210/01 Kan Activity: Home Legin: 1 Lenner Ho, NA, On 19/01/2021
	Inbox (2)	Data Submissions

5. Click Data Submissions.

New Messages	Data Submission Draft	
		Last Lagin 2007/002117-011 Last Achily: Internet Lopart - Lionce No. Adv., On 2007/2002
	Inbox (10)	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.

Inicox (33)		Data Submissions
Submission ID:	Type:	- Select V
Patient Name:	Status:	AI
Patient ID Number:	Submitted By:	
Lost Updated:	To:	ddimmiyyyy
Business Name:		
		CLEAR SEARCH
1-20 out of 75 items 20 🗸		x x 1 2 3 > >
C Submission ID C Patient Name	Patient ID Number	© Type 🗘 Status
OS220812026863K Chan Chee Kuan	50567107H	(TOP) Termination Of Pregnancy Draft

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

 Submission ID	Patient Name	Number	≎ Туре	Status
DS220812036863K	Chan Chee Kuan	S0587107H	(TOP) Termination Of Pregnancy	Draft

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

	R famile 👻						
New Dat	a Submi	ssion					
You are submitting	for Terminetion (Of Pregnancy					
6		,0	e	.	: 9		
Detweiterkerweiter	Fariy PtorigPhotoxy	Re-Territoria (II Projectov Calatoling	Terriseian O'Pegnerop	PoloTentiwisk Of Signality Counciling	Pavlas & Saint		
			u Searces	Versee need			
Hane of Potien		Our Day New		-	-		
The states		RECTANE.			1.4		

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

2 ...

		ofcator-and E				
	New Data Submis	sion Prognancy		A Barma		
	Patient Information Peterling Frequency Peterling Frequency	Pre-Tormination Of Tor https://counselling	nination Of Programmy I Pr	Post Termination Of P regnancy Counselling	heview & Submit	
	Contraceptive History *	Characterised Bellow The	Ct Plegner cy	v)		
	No. of Province Termination(s) of Programmy *	1				
	First Day of Last Neestraal Pollod *	11982022				
	destation Age based on Ultrasound	(Thileese.	1			
	Gentetion Apt not based on Ultranound	(Clinice)a	•			
		630xya				
	Main Basson for Faquest in Terminate Programmy 1	Gennet, Mont Another Ch	åd.	•)		
4	lack			-	ND7 ND7	
	HART I WANNER I MANY MARKET I TANANTAN I MAJARIA	Rept shredily		Generation - Freehead - 0 500 Seconder - Dispe	- Share your sizes & Reach sees Last Rayload 11 Ar 2021	

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**.

	H Dedites Application and Learning Party	
Dashboard eServices	• •	
1 New Mossagos	O Data Submission Dratt	
		Laaf Lagin: SKRK552 14 Gel Laaf Aatwigs menet Laguz - Lisews No. NV, Dr Skrk5055
	inbox (1)	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.

	Inbax (2)		Data Submissions
Submission ID:		Type:	- Select - V
Patient Name:		Status:	AI ~
Patient ID Number:		Submitted By:	
Last Updated:	ddimmlyyyy	Te:	ddinmiyyyy
Business Name:			
			CLEAR SEARCH
1-1 out of 1 items	20 ~		
© Submissi	Patient Patient ID Name Number	0 Туре	© Status 🗢 Busine
✓ TOP2207250	00349U TOPPAT01285 59804999A	(TOP) Termination	Of Pregnancy Amended Medical Cr
DELETE DRAFT	AMEND		
			Contact Us Possibladit Share your views @ Roa
i Wito we are il Privacy Statement i	Terms Of Use About HCEA, Report vulnerability		8 2020 Government Of Singapore. Last Updated (11 Jul 29

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



				8.5	Summisor
				(<u> </u>	
Amondr	mont				
Amenui	nem				
Amenui		Di Duomonou			
You are amending	g for Termination (Of Pregnancy			
You are amending	g for Termination C	Of Pregnancy			
You are amending	g for Termination C	Df Pregnancy	ø	69	
You are amending	g for Termination C	Of Pregnancy	4 9	°	

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.

6. 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.

re amend	ing for Termination C	Of Pregnancy	-0		
1 nt Informatio	n Family Planning/Pregnancy	3 Pre-Termination Of Pregnancy Counselling	Termination Of Pregnancy	5 Post-Termination Of Pregnancy Counselling	6 Preview & Submit
					<u> ƏPrint</u>
~	Patient Information				
~	Family Planning/Pregna	ncy 🥑			
~	Pre-Termination Of Preg	nancy Counselling 🔮			
~	Termination Of Pregnan	cy 🛇			
~	Post-Termination Of Pre	gnancy Counselling	•		
^	Amendment				
	Reason for Amendment *	Please Select Please Select Correction of TC	P details	~	
^	Declarations	Others			
	I have ensured that the	information contained in th	is data submission is acc	urate, complete and true.]
k				SAVE A	S DRAFT

7. 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.

Amendmen	it		
You are amending for Te	rmination Of Pregnanc	у	
Submission Successful - Submit Termination of Pregnancy A notification email will be sent to inter Thank you for your submission.	n.ethanlim@ecquaria.com, emaildum	mytestertelp@gmail.com.	⊖ Print
Submission details:	Submitted By	Submission Date and Time	
TOP220901008372B	Submitter	14/09/2022 18:04	
< Back		START ANOTHER SUBMISSION	GO TO DASHBOARD

Inbox (10)		Applicatio	ons	Licen	ces	Data Submissions
Submission ID:				Туре:	Select V	0
Patient Name:				Status:	All	~
Patient ID Number:				Submitted By:		
Last Updated:	dd/mm/yyyy			To:	dd/mm/yyyy	
Business Name:						
					CLEAN	R
1-1 out of 1 items	20 🗸					« < 1 > »
Submission	n ID 🗘 F	atient Name	Patient ID Number	🗘 Туре		Status
TOP22072800	05102 ISA	BELLA YAP	S 545B	(TOP) Terminat	ion Of Pregnancy	Amended

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

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

Patient Name	Patient ID Number	🗘 Туре	Status	Business Name	C Last Updated
ISABELLA YAP	S 545B	(TOP) Termination Of Pregnancy	Amended	Medical Center 47	28/07/2022

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
Dear Supervisor,
You have sucessfully amended TOP220725000349U on 11/08/2022 12:18:24.
For assistance, please contact us at 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.

				A see	vier V
Amendr	ment				
America	lion				
You are amending	g for Termination C	of Pregnancy			
0	.0	.9	.0	.0	.0

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

Amendment	You have successfully saved the submission as draft.	
You are amending for Termina		

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

Amendm	ent				
You are amending f	for Termination C	of Pregnancy			
•	ಿ	୍ର	•	•	•
Patient Information	Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	Termination Of Prognancy	Post-Termination Of Pregnancy Counselling	Preview & Submit

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

Dashboard sServi	ces ¥	A Supervisor
1 New Messages	O Date Betmission Draft	
-		Las Labor MILTON CONTRACTORY Labor Labor Labor to Pd. On 1999

5. Click Data **Submissions**.

New Messages	Casa suomesion Dran			
		Last Login: XYC7082 17411 Last Activity: Viewer Login - Linner Mr. NA., Or 200720		
inbox (33)		Data Submissions		

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

Inbox (33)		Data Submissions	
Submission ID:	Туре:	-Select V	
Patient Name:	Status:	AI	~
Patient ID Number:	Submitted By:		
Last Updates:	Te:	dołmniyyyy	
Business Name:			
		CLEAR	юн
1-20 out of 75 items 20 V		* * 1 2 3 >	2
Submission ID Patient Name	C Patient ID Number	0 Тура О	Status
D522081203663K Chen Chee Kuan	5056710714	(TOP) Termination Of Pregnancy Dr	afi

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

Submission ID	Patient Name	Number	\$ Туре	Status
DS220812036863K	Chan Chee Kuan	S0567107H	(TOP) Termination Of Pregnancy	Draft

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

Amendment					
ı are amendinç	of for Termination (Of Pregnancy			
0	29	್	۲	୍	•
ient Information	Family Planning/Pregnancy	Pre-Termination Of Pregnancy Counselling	Termination Of Pregnancy	Post-Termination Cf Pregnancy Counselling	Preview & Submit
ID No. "		NRIC	S0567107H		
Name of Patient	•	CHAN CHEE KUW			
Date of Dirth *		DHOHMSES			
Nationality *		Singaporean		~	0
Ethnic Group *		Dhinese		~	a l

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

