

**Rules of**  
**Department of Health**  
**Division 10—Office of the Director**  
**Chapter 15—Abortions**

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**Title 19—DEPARTMENT OF  
HEALTH**

**Division 10—Office of the Director  
Chapter 15—Abortions**

**19 CSR 10-15.010 Report of Induced Termination of Pregnancy**

*PURPOSE: The Department of Health under sections 188.052 and 188.055, RSMo 1986 is given the responsibility to provide abortion forms to health facilities and physicians. This rule establishes the content of the report of induced termination of pregnancy to be filed with the Department of Health for statistical purposes.*

(1) The report of induced termination of pregnancy will include the following items: name of abortion facility or hospital; the city, town or location of the abortion facility or hospital; county where the abortion facility or hospital is located; patient identification number; age of patient; marital status of patient; date of pregnancy termination; residence of patient state, county, city or town, inside city limits (yes or no) and zip code; patient's race; patient's education; previous pregnancy history; number of live births now living; number of live births now dead; number of spontaneous terminations and number of induced terminations; type of termination procedures used; complications of pregnancy termination; date last normal menses began; physician's estimate of gestation; signature of attending physician; physician's Missouri license number; and name of person completing report.

*AUTHORITY: sections 188.052, 188.055, 191.420 and 192.020, RSMo 1986. This rule was previously filed as 13 CSR 50-151.010 and 19 CSR 30-15.010. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.010 July 30, 1998.*

**19 CSR 10-15.020 Complication Report for Post-Abortion Care**

*PURPOSE: The Department of Health under sections 188.052 and 188.055, RSMo 1986 is given the responsibility to provide abortion forms to health facilities and physicians. This rule establishes the content of the complication report for post-abortion care to be filed with the Department of Health for statistical purposes.*

(1) The complication report for post-abortion care shall contain the following items on a form provided by the Department of Health: patient identification number; patient's date

of birth; residence of patient state, county, city; date of abortion; name and address of abortion facility or hospital; name and address of facility reporting complication; was patient previously seen at another facility for post-abortion care (yes or no); name and address of other facility that treated patient; complications; result of complications; signature of physician providing post-abortion care; and date of post-abortion care.

*AUTHORITY: sections 188.052, 188.055, 191.420 and 192.020, RSMo 1986. This rule was previously filed as 13 CSR 50-151.020 and 19 CSR 30-15.020. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.020 July 30, 1998.*

**19 CSR 10-15.030 Content and Filing of Tissue Report**

*PURPOSE: The Department of Health under sections 188.047 and 188.055, RSMo 1986 is given the responsibility to provide forms relating to abortion to health facilities and physicians. This rule establishes the content of the tissue report and filing requirements for tissue reports.*

(1) The Department of Health will accept local pathologists' report forms for compliance with section 188.047, RSMo 1986 if the reports contain the following: patient identification number assigned by the facility where the abortion took place; date of the procedure; name and address of the abortion facility or hospital where the procedure was performed; name and address of the pathologist who examined the tissue. All reports shall contain the findings of a gross examination. If fetal parts or placenta are not identified, then an accompanying microscopic tissue report must also be filed with the Department of Health.

(2) The pathologist shall file the tissue report with the Department of Health within thirty (30) days after the examination of the tissue.

*AUTHORITY: sections 188.047, 188.050, 191.420 and 192.020, RSMo 1986. This rule was previously filed as 13 CSR 50-151.030 and 19 CSR 30-15.030. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.030 July 30, 1998.*

**19 CSR 10-15.040 Induced Termination of Pregnancy Consent Form**

*PURPOSE: The Department of Health is given the responsibility to provide physicians*

*with consent forms for abortions. This rule establishes the content of the form.*

(1) The consent form for abortion shall contain the following information:

MISSOURI DEPARTMENT OF HEALTH  
Division of Health Resources

**INDUCED TERMINATION OF  
PREGNANCY CONSENT FORM**

I have been informed by my physician, \_\_\_\_\_,  
of the particular risks associated with the \_\_\_\_\_ abortion technique to be used in my case. My physician has also informed me of the alternatives available to me other than an abortion.

\_\_\_\_\_ witness

\_\_\_\_\_ signature of patient

\_\_\_\_\_ witness

\_\_\_\_\_ date

(2) Any physician who performs an abortion, prior to the abortion, shall require the woman to give her informed consent on the Department of Health induced termination of pregnancy consent form or on a form which includes as a minimum the same information as included on the Department of Health form.

*AUTHORITY: section 188.039, RSMo 1986 and Planned Parenthood Association of Kansas City v. Ashcroft, 483 F. Supp. 679 (W.D. Mo. 1980). This rule was previously filed as 13 CSR 50-151.040 and 19 CSR 30-15.040. Original rule filed Feb. 13, 1981, effective June 11, 1981. Changed to 19 CSR 10-15.040 July 30, 1998.*