



Source Data Verification

Claiming form

Herein I confirm that the number of patients who underwent the Congenital Heart Surgical procedures at our institution between January the 1st and December 31st of the year had been as follows:

Open heart CHS procedures:

Closed CHS procedures:

Total CHD procedure:

Numbers of deaths within above time frame had been as follows:

For open heart CHS procedures:

For closed CHS procedures:

For total CHD procedure:

.....
Hospital Authority

.....
Date and place