

South West London Pathology— Cellular Pathology



MAKING EVERY TEST MATTER

Location (for return of report)

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Requesting Consultant/GP Name & Code.....

Time Sampled :.....

Date Sampled:.....

Attach patient label or add

NHS No.

Surname:.....

Forename:.....

Hospital No.

DOB: _ / _ / _

For Lab use only:

Paediatric

Pathologist:—

Indications for examination of placenta (please tick).

- ☐ Stillbirth (antepartum or intrapartum)
- ☐ Late miscarriage (second trimester)
- ☐ Infants requiring admission to the NICU
- ☐ Prematurity <34 weeks
- ☐ Fetal hydrops
- ☐ Morbidly adherent placenta
- ☐ Fetal growth restriction (birth weight below 3rd centile)
- ☐ Persistent unexplained fetal tachycardia >60minutes >160bpm
- ☐ Treated for chorioamnionitis
- ☐ Fetal abnormality
- ☐ Rhesus (and other) isoimmunisation needing in utero transfusion
- ☐ Maternal coagulopathy
- ☐ Infectious diseases (please see individual birth plan)

Clinical information, please tick Y/N or give details.

Date of delivery:	Gestation:
Birth weight	Live birth/Stillbirth/TOP
Sex of baby/babies	If stillbirth/TOP, has a post-mortem been requested? <div>Y N</div>
Did this mother have gestational/underlying diabetes?	Did this mother have GBS? <div>Y N</div>
Did this mother have PROM (>24 hours)? <div>Y N</div>	Did this mother have pre-eclampsia? <div>Y N</div>

Any other concerns or relevant clinical history?

Print name	Signature	Job title
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