

South West London Pathology – Cellular Pathology

Location (for return of report)

Requesting Consultant/GP Name & Code

Time 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 (ante partum or in partum)
- 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? <input type="checkbox"/> Y <input type="checkbox"/> N
Did this mother have gestational/underlying diabetes?	Did this mother have GBS? <input type="checkbox"/> Y <input type="checkbox"/> N
Did this mother have PROM (>24 hours)? <input type="checkbox"/> Y <input type="checkbox"/> N	Did the mother have pre-eclampsia <input type="checkbox"/> Y <input type="checkbox"/> N

Any other concerns or relevant clinical history?

Print name

Signature

Job title