

# NHS GG&C Pathology Placenta Examination Request Form



## Patient label / Details

Patient Name:

CHI number:

Address:

Laboratory Number: (Lab Use Only)

Send placenta and this request form to: **Department of Pathology, Level 3, Laboratory Medicine Building, Queen Elizabeth University Hospital, Glasgow, G51 4TF**

**GESTATIONAL AGE AND CLINICAL INDICATION MUST BE STATED ON THE REQUEST FORM  
PLACENTAS WITH INSUFFICIENT CLINICAL DETAILS WILL BE STORED ONLY**

**GESTATION:** (essential)

**INDICATION(S) for examination** (essential)

## CLINICAL DETAILS:

Consultant Obstetrician:	Livebirth (Y/N):
Date of Delivery:	Birth Weight:
Gravidity:	Parity:

- Stillbirth  \_\_\_\_\_
- Second trimester IUD  \_\_\_\_\_
- SGA (BWt < 10<sup>th</sup> C or >=25% wt discordance in twins)  \_\_\_\_\_
- Preterm delivery (<34+0 weeks)  \_\_\_\_\_
- Abruption  \_\_\_\_\_
- Fetal hydrops  \_\_\_\_\_
- Undiagnosed anomaly  Specify anomaly: \_\_\_\_\_
- Molar pregnancy (current pregnancy)  \_\_\_\_\_
- Any baby admitted to NICU from labour ward  Reason for admission: \_\_\_\_\_
- Cord pH <7.1  Apgars: \_\_\_\_\_
- Multiple pregnancy (complicated)  Twin A: sex \_\_\_\_\_ cord clamps \_\_\_\_\_  
Twin B: sex \_\_\_\_\_ cord clamps \_\_\_\_\_  
Specify complication: \_\_\_\_\_
- Other (at obstetrician's discretion)  \_\_\_\_\_

Any other information:	HIGH RISK: (blood borne infection) <input type="checkbox"/>

## Person completing the request form:

Name: (print)	Hospital:
Full contact number:	Date:

# NHS GG&C Pathology Placenta Examination Request Form

Greater Glasgow and Clyde Department of Pathology, Regional Paediatric and Perinatal Pathology Services Telephone 0141 354 9513/4

## Indications for referring placentas:

- ✓ Stillbirth / second trimester fetal death
- ✓ Preterm delivery less than 34 weeks
- ✓ SGA (birthweight below 10th centile or discordance  $\geq 25\%$  in twins)
- ✓ Abruption
- ✓ Fetal hydrops
- ✓ Undiagnosed fetal anomaly
- ✓ Molar pregnancy (current pregnancy only)
- ✓ pH  $< 7.1$
- ✓ Any baby admitted to NNU or SCBU due to severe fetal distress
- ✓ Complicated twin pregnancy
- ✓ Other indications at the discretion of the Obstetrician

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## Placentas with the following are NOT indicated for examination unless there are further relevant indications:

- Pre-eclampsia
- Maternal sepsis
- Known trisomy 13, 18,21
- Normal dichorionic twin pregnancy
- Cholestasis
- Hepatitis B/C, HIV
- Maternal disease with normal pregnancy outcome
- Normal pregnancy
- Placenta with accessory lobe
- "Fetal distress" not fulfilling the above indications.

If placentas are received from the "not indicated" list or without adequate clinical information the obstetrician will be notified and if no further information is forthcoming the placentas will be disposed of after 3 months.

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Edited: Dr Amanda Murphy, 01/10/2018