**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**

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

**GESTATION:** (essential)

**CLINICAL DETAILS:**

|  |  |
| --- | --- |
| **Consultant Obstetrician:** | **Livebirth (Y/N):** |
| **Date of Delivery:** | **Birth Weight and Centile:** |
| **Gravidity: Parity:** | **Mode of delivery:**  |

**Stillbirth (antepartum or intrapartum)** 🞏 Consultant or ST7 to complete stillbirth form overleaf

**Miscarriage (14+0 – 23+6/40 gestation)** 🞏 Complete stillbirth form overleaf

**SGA (Birth Weight < 3rd Centile)** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FGR: Drop in fetal growth of >2 quartiles or >50 percentiles** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Absent / reversed EDF on umbilical artery Dopplers** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spontaneous preterm delivery or PPROM ≤31+6 weeks** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Iatrogenic preterm delivery ≤31+6 weeks** 🞏 Indication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Severe early onset (<32/40) pre-eclampsia requiring iatrogenic delivery** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Massive abruption with retroplacental clot** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fetal hydrops** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Severe fetal distress defined as: pH<7.05 or** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Base Excess ≥-12 or** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **scalp lactate >4.8mmol/l** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Severe maternal sepsis requiring adult ICU admission** 🞏 Placenta swab to be taken for microbiology *at delivery*

**Severe fetal sepsis requiring ventilation / level 3 NICU**  🞏 Placenta swab to be taken for microbiology *at delivery*

**Caesarean hysterectomy for morbidly adherent placenta** 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monochorionic twins with TTTS**  🞏 Twin A: sex \_\_\_\_\_\_\_\_\_\_\_cord clamps\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Twin B: sex \_\_\_\_\_\_\_\_\_\_\_cord clamps\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other (at obstetrician’s discretion)** 🞏 Consultant or ST7 to complete form

Any other information e.g maternal smoking, BMI, medications, viral infections during pregnancy, Rhesus status, significant maternal co-morbidities:

URGENT: 🞏

HIGH RISK: 🞏

(blood borne infection)

**Person completing the request form:**

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

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

**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.**

**Version 3.0**

**Author: Dr Clair Evans, Consultant Perinatal Pathologist, QEUH**

**Edited: Dr Amanda Murphy, 01/10/2018 and 23/02/2022**

**Stillbirth form (to be completed by Consultant or ST7 in case of stillbirth):**

Please provide additional clinical details including presence / absence of maceration, interval between IUD diagnosis and delivery and any relevant history:

If any of the following are applicable: unexpected or unexplained intrapartum death, stillbirth following concealed pregnancy, parental concerns re: care, likelihood of an Adverse Event Review, stillbirth following maternal trauma / assault, please indicate whether the case been discussed with Procurator Fiscal (Y/N):

Please supply name of fiscal, fiscal unit (SFIU / on call fiscal) and fiscal decision:

**Placentas with the following are NOT indicated for examination unless there are additional relevant indications:**

* “Gritty” placenta
* Placenta praevia
* Post-partum haemorrhage
* Polyhydramnios
* History of previous molar pregnancy
* Cholestasis
* Hepatitis B/C, HIV
* Single umbilical artery
* Uncomplicated velamentous cord
* Placenta with accessory lobe
* Pre-eclampsia, Maternal sepsis / pyrexia, Abruption or Fetal distress not fulfilling the indications overleaf
* Maternal Group B streptococcus
* Maternal diabetes or other maternal disease with normal pregnancy outcome
* Known trisomy 13, 18, 21 / Turners
* Congenital anomaly
* Uncomplicated twin pregnancy
* Twins for assessment of chorionicity