Patient label/ details
Patient name:
NHS number:
Address:

Lab number: (lab use only)

Send placenta and this request form to Department of Cellular Pathology, Pathology, South Block, Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE

GESTATION: (essential, if not supplied the placenta will be returned)

Birth weight centile: GAP ☐ Intergrowth ☐ Other ☐

INDICATION(S) for examination (essential, if not supplied the placenta will be returned)

CLINICAL DETAILS:

Consultant obstetrician:	Livebirth (Y/N):
Date of delivery	Birth weight/s
Gravidity: (total number of pregnancies) Parity: (total number of live births post 24 weeks)	Sex:

Stillbirth		Preterm birth <32 weeks	
Miscarriage (14+1-23+6 weeks)		<32-week-onset severe PET	
FGR <3rd centile or drop in growth velocity >50 percentiles		Severe sepsis with maternal ITU admission and/or fetal sepsis requiring ventilation or level 3 NICU (placenta swabs taken at delivery)	
Fetal hydrops		Massive placental abruption with retroplacental clot	
UA Dopplers (absent/reversed end diastolic flow)		Severe fetal distress pH<705 / BE≥-12/scalp lactate >4.8mmol	
Monochorionic twins with TTTS		Caesarean paripartum hysterectomy for morbidity adherent placenta	

Twin A: sex_____cord clamps_____
Twin B: sex_____cord clamps_____

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

Person completing the request form:
Name: (print)
Full contact number:
Hospital/Ward:
Date: