Standardised request for the histopathological examination of a placenta

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| **Hospital no: NHS no:****Surname: DOB:****Forename(s): Ward:** **Address: Consultant:** | **Clinical information:** |
| **Date of delivery** |  |
| **Live birth / stillbirth / TOP** |  |
| **Sex of baby(babies)** |  |
| **Gestation at birth (weeks)** |  |
| **Birth weight(s) (grams)** |  |

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| **Indication for referral - please tick all relevant below and circle options as appropriate****(M = only a macroscopic examination to be performed as routine)** |

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| * Stillbirth – antepartum / intrapartum/ late miscarriage
 | * FGR (birth weight below 3rd centile)
 | * Prematurity (**M for 30-36 weeks**)
 | * Fetal hydrops
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| * Severe fetal distress (requiring admission to NNU)

Apgar scores: 1’ 5’ 10’ | * PROM (more than 36 hours) (**M**)
 | * Morbidly adherent placenta
 | * Abruption
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| * Fetal abnormality (specify):
 | * 2 vessel cord (**M**)
 | * Abnormal placenta shape (**M**)
 | * Pre-eclampsia (uncomplicated) **(M)**
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| * Isoimmunisation requiring fetal transfusion - Rh / ABO / Kell / Other
 | * Maternal Gp B Streptococcus (**M**)
 | * Maternal pyrexia
 | * Gestational diabetes (**M**)
 |
| * Twins/other multiple pregnancy, Monochorionic / Dichorionic

 Complications/interventions (specify, **M** if uncomplicated): | * Other (must specify):
 |
| Relevant previous medical/obstetric history (specify):  |

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| **Section to be completed by delivery suite staff** |
| Placenta request form and specimen checked by: |
| Print name: | Signature: | Date: |

**Please ensure specimens are laid flat in an adequately sized container with enough formalin to cover the specimen (preferably 3x the specimen volume).**

**Containers can be ordered from Cellular Pathology.**

**The link to the supplies order form is:**

[**www.mtw.nhs.uk/gps/pathology/pathology-service-information/ordering-supplies/**](http://www.mtw.nhs.uk/gps/pathology/pathology-service-information/ordering-supplies/)

**The form should be e mailed to:**

**mtw-tr.histostains@nhs.net**

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