

**Department of Paediatric Histopathology – A UKAS Accredited Medical Laboratory
No.9091**

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Request for examination of placenta

Please complete **all** relevant sections of this form to ensure appropriate examination and avoid delay.

Referring Hospital: _____

Maternal Details:

PLEASE AFFIX LABEL WITH
MATERNAL NAME, ADDRESS, DATE
OF BIRTH, AND UNIT NUMBER.

Fetus/Infant details:

Surname: _____
First name: _____ Sex: _____
Date/time of birth: _____
Hospital Number: _____
Weight (kg): _____
Apgar: / / 1/5/10mins
Consultant (full name): _____

Consultant (full name): _____

Mother's Past Obstetric History:

G ____ P ____

| | Date | Gestation | Weight | Sex | Labour | Delivery | Outcome |
|----|------|-----------|--------|-----|--------|----------|---------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Current fetus/infant Gestational age: LMP: _____ EDD: _____ Gestation: _____ Gestation: _____
(by dates) (by scan)

Fetal Anomaly? Y/N Please give details & US findings (include report) _____

Details of current pregnancy (treatment)

| | | | | | |
|------------------------|-----|---------------------|-----|----------------------|-----|
| Amniocentesis | Y/N | CVS | Y/N | Maternal pyrexia | Y/N |
| Threatened Abortion | Y/N | Hypertension or PET | Y/N | Glucosuria /diabetes | Y/N |
| Antepartum haemorrhage | Y/N | IUGR | Y/N | Poly/oligohydramnios | Y/N |

Outcome of pregnancy: Termination Live birth Stillbirth (Grade of foetal maceration – 0 1 2 3)

Labour & Delivery

Regular contractions: Date & time: _____ Duration of: 1st stage: _____
Rupture of membranes: Date & Time: _____ 2nd stage: _____
Liquor: Normal / Meconium / Blood / Poly / Oligo 3rd stage: _____
Onset of labour: Spontaneous / Induced Why?: _____
Presentation: Vertex / Breech / Other _____
Delivery: Spontaneous / forceps / Ventouse / EICS / EmCS Why operative: _____
Fetal distress: Y/N Details: _____

Any special point of interest / request? _____

Doctor's signature:..... Date:.....

Name (Print):..... Contact No:.....

| Checklist | Placenta sent for histopathology | Swab taken from placenta | YES/NO |
|-----------|----------------------------------|---|--------|
| | | Placental biopsy taken for cytogenetics | YES/NO |

In the case of multiple pregnancy please indicate which cord belongs to which fetus

PREFERABLY PLEASE SEND PLACENTA IN AN APPROPRIATELY SIZED SAMPLE TRANSPORT BAG OR IF UNAVAILABLE IN A MINIMUM 2.5L POT TO ALLOW FOR ADEQUATE VOLUME OF FORMALIN FOR TISSUE FIXATION.

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