

Patient name:
NHS number:
Address:



University Hospitals Sussex
NHS Foundation Trust

Affix label here

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:	<input type="checkbox"/> GAP	<input type="checkbox"/> Intergrowth	<input type="checkbox"/> Other
INDICATION(S) for examination	(essential, if not supplied the placenta will be returned)		

CLINICAL DETAILS:

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

Stillbirth or early neonatal death (if placenta still available)	Please tick	
Preterm birth <32 weeks		
Miscarriage (14+1-23+6 weeks)		<32-week-onset severe PET
FGR <3 rd 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 birth)
Fetal hydrops		Massive placental abruption with retroplacental clot
UA Dopplers (absent/reversed end diastolic flow)		Severe fetal distress pH<7.05 / BE≥-12/scalp lactate >4.8mmol
Monochorionic twins with TTTS		Caesarean paripartum hysterectomy for morbidity adherent placenta

Twin 1: Sex Number of cord clamps

Twin 2: Sex Number of cord clamps

Any other information: eg maternal smoking, BMI, medications, viral infections during pregnancy, mode of birth, Rhesus status, significant maternal co-morbidities

Person completing the request form:

Name: (print)

Hospital/Ward:

Full contact number:

Date: