

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: ☐ 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 birth:

Birth weight/s:

Gravidity: (total number of pregnancies)

Sex:

Parity: (total number of live births post 24 weeks)

Please
tick

Please
tick

Stillbirth or early neonatal death (if placenta still available)

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 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: