

PLACENTAL PATHOLOGY REQUEST

DELIVER TO D3 LAB- Do not add formalin or other preservative.

PATIENT INFORMATION:

PATIENT ID LABEL

TEST(s) REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Tissue pathology | <input type="checkbox"/> Chromosome analysis (M8887) |
| <input type="checkbox"/> Aerobic culture | <input type="checkbox"/> Mycoplasma hominis, PCR (M60756) |
| <input type="checkbox"/> Anaerobic culture | <input type="checkbox"/> & Mycoplasma genitalium, PCR (M60755) |
| | <input type="checkbox"/> Ureaplasma specimens, PCR (M60758) |

Other: _____

Ordering Provider Name: _____

Collect Date: _____

Collect Time: _____

PREGNANCY HISTORY: (includes present pregnancy)

Gravidity: _____ Parity: _____ Abortions/miscarriages (less than 20 wks): _____

Stillbirths (greater than 20 wks): _____ Ectopic: _____ Preterm: _____ Liveborn: _____

Congenital anomalies/syndromes in past pregnancies: _____ CVS/amniocentesis: _____

CURRENT PREGNANCY:

EDD: _____ EGA: _____

Delivery date: _____ Fetal malformations: _____

MODE OF DELIVERY:

Spont. vaginal: _____ C-Section: _____ Manual removal: _____ Other: _____

MATERNAL PROBLEMS DURING CURRENT PREGNANCY:

Autoimmune disorders: _____	Diabetes mellitus: _____
Antepartum bleeding: _____	Gestational diabetes: _____
MSAFP: _____	Chronic hypertension: _____
Drug abuse: _____	Preeclampsia: _____
Smoking: _____	Abruption: _____
Alcohol abuse: _____	Previa: _____
Meds during pregnancy: _____	PROM: _____
Infections: _____	PPROM: _____
Chorioamnionitis: _____	Umbilical cord vasc/Abn: _____

INFANT A:

INFANT B:

INFANT C:

Birth weight: _____ Sex: M F	Birth weight: _____ Sex: M F	Birth weight: _____ Sex: M F
Liveborn: _____	Liveborn: _____	Liveborn: _____
Non-reassuring FHT: _____	Non-reassuring FHT: _____	Non-reassuring FHT: _____
APGAR: 1 min: _____ 5 min: _____	APGAR: 1 min: _____ 5 min: _____	APGAR: 1 min: _____ 5 min: _____
Stillborn: _____	Stillborn: _____	Stillborn: _____
IUGR: _____	IUGR: _____	IUGR: _____