



**PRODUCTS OF CONCEPTION
PATHOLOGY REQUISITION**

Patient Label (place here)

Pathology Specimen Label
(FOR LAB USE ONLY)

Principal Diagnosis: _____

Submitting Physician: _____ Date of Procedure: _____

Copies to: _____

Procedure: _____

Specimen/Container #:

- Products of Conception Specimen #1**
- Genetics Testing
- Microscopic Examination
- Autopsy (only for fully formed fetus)
- Disposal Only/No Examination
- Other testing: _____

Other (i.e. Placenta) _____

- Products of Conception Specimen #2**
- Genetics Testing
- Microscopic Examination
- Autopsy (only for fully formed fetus)
- Disposal Only/No Examination
- Other testing: _____

Other (i.e. Placenta) _____

- Products of Conception Specimen #3**
- Genetics Testing
- Microscopic Examination
- Autopsy (only for fully formed fetus)
- Disposal Only/No Examination
- Other testing: _____

Other (i.e. Placenta) _____

Completed by: _____ Date: _____ Time: _____

Please send specimen without formalin or other fixative and refrigerate promptly.
Specimens received in outside containers should NOT be transferred from the original container.

NOTE: Please attach the completed *Final Disposition half sheet* for **all** POC specimens. Use *Products of Conception* for less than 10 weeks and *Still Birth* for greater than 10 weeks.

