

FMC     RGH  
 PLC     SHC  
 OTHER: \_\_\_\_\_

## ANATOMIC PATHOLOGY PLACENTA REQUISITION

**\* REQUIRED INFORMATION**

**PHYSICIAN TO ACT ON RESULTS:**

\_\_\_\_\_ \* Last Name                      \_\_\_\_\_ \* Full First Name

\_\_\_\_\_ \* Office Address (Location Code) for Report Delivery

Report to be  PHONED     FAXED to: \_\_\_\_\_  
Number

DATE OF DELIVERY:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Y Y Y Y / M M M / D D

ACCESSION NUMBER (Lab Use Only)

\* Affix addressograph imprint or patient label to ALL PAGES or clearly print patient's full name (last name, full first name), date of birth, gender, Personal Health Number, and Regional Health Record Number.

**ADDITIONAL COPIES TO:**

- 1) \_\_\_\_\_ \* Last Name                      \_\_\_\_\_ \* Full First Name                      \_\_\_\_\_ \* Office Address (Location Code) for Report Delivery
- 2) \_\_\_\_\_ \* Last Name                      \_\_\_\_\_ \* Full First Name                      \_\_\_\_\_ \* Office Address (Location Code) for Report Delivery

### INFORMATION TO BE COMPLETED IN THE CASE ROOM

Gestation _____ weeks	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unsure	Membrane Ruptured >24 hours <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	Meconium Stained Liquor <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Livebirth <input type="checkbox"/> Stillbirth	Weight _____ GMS	Abruptio Placenta <input type="checkbox"/> No <input type="checkbox"/> Yes	Placenta Previa <input type="checkbox"/> No <input type="checkbox"/> Yes
Delivery <input type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> C/S	APGAR _____ (1 min) _____ (5 min) _____ (10 min)	Prolonged Labour <input type="checkbox"/> No <input type="checkbox"/> Yes	Fetal Distress <input type="checkbox"/> No <input type="checkbox"/> Yes

Any Maternal Illness:    Gravida \_\_\_\_\_ Para \_\_\_\_\_    Infectious patient?  No     Yes: \_\_\_\_\_

**REMARKS**