

**Date:** October 7, 2019, 2019  
**To:** Chinook Regional Hospital Emergency Department / Labour and Delivery Room –  
Nursing Staff and Physicians  
**From:** Laboratory - Anatomical Pathology Department  
**Re:** Placenta, Stillbirth, and Fetal Tissue Submitted for Testing

---

**PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE**

---

**Key Messages:**

- Placenta, stillbirth and fetal tissue samples are submitted fresh to the Anatomical Pathology Department, as fixative is not directly available to these departments.
- Anatomical Pathology requisitions must accompany these samples with a sticker attached and completed by the physician, indicating the required information for testing. **If the required testing label has not been completed prior to submitting to the lab, it will be interpreted that no additional testing is necessary** (i.e. Cytogenetic testing or Autopsy is not required).

**Why this is important:**

- In the absence of the label, fresh samples will have the appropriate fixative added and will no longer be suitable for Cytogenetic testing and considered suboptimal for autopsy requests.

**Background:**

- Previously, only samples requiring additional testing (cytogenetic testing or autopsy) were submitted fresh, with instructions indicated by completing the required information sticker. Fresh samples received in the AP department without the required testing information completed, required follow up by laboratory staff before proceeding with routine testing to ensure no additional testing was required. Completed requisitions help to minimize risk related to poor sample quality and delays in sample testing.

**Action Required:**

- Please ensure that physicians are completing the requisition for **all** required testing prior to submitting samples to the laboratory.

<b>Placenta, stillbirth, fetal tissue - REQUIRED information:</b>
Cytogenetic testing: <input type="checkbox"/> no <input type="checkbox"/> yes: physician took sample? <input type="checkbox"/> no <input type="checkbox"/> yes
Autopsy requested: <input type="checkbox"/> no <input type="checkbox"/> yes
Gestational age: _____ weeks
Membranes ruptured >24 hours: <input type="checkbox"/> no <input type="checkbox"/> yes: specify: _____
APGAR: _____ (1 min) _____ (5 min) _____ (10 min)
Prolonged labor: <input type="checkbox"/> no <input type="checkbox"/> yes
Indication for pathologic exam (specify in clinical history):

**Inquiries and feedback may be directed to:**

Tammy Kaatz, Clinical Supervisor – Anatomical Pathology, CRH, 587-787-2914

**This bulletin has been reviewed and approved by:**

Dr. Michael Greeff, Regional Laboratory Medicine Site Chief, Chinook Regional Hospital

Tamara Trotter, Director, Urban Hospital Laboratories, South Sector