



Referral Form for Placental Examination version v.8

PLEASE see page 2- RCPATH guidelines and RVI Cellular Pathology local policy

Please do not contact us for a report before 6 weeks, unless there is a clinical urgency.

For queries, please contact RVI Specimen Reception on 0191 2824565 or
email nuth.cellpathspecrec@nhs.net

Patient details/Label
Last name
First name(s)
Address
Hospital no.
NHS no.
Date of birth

Hospital of origin

☐ Obstetrics ☐ Neonatology

☐ NHS ☐ Private

Sender name/contact number:

.....

URGENT (consultant request only): Yes ☐

Consultant name.....

Risk of infection in specimen?

☐ Yes (*Covid19 / HIV / TB / Hep B / Hep C*)

ESSENTIAL CLINICAL DETAILS - if not supplied, placenta will not be accepted

Gestation:	Date of Delivery:	Livebirth: Yes / No
Gravidity/Parity (if known):		
Birth Weight/s (grams):	Birth weight centile at delivery (if known): GAP <input type="checkbox"/> Intergrowth <input type="checkbox"/> Other <input type="checkbox"/>	Sex: M / F / Unknown
Details of current pregnancy, current complications/interventions (specify), copy of relevant US scan reports or discharge letters.		
Relevant obstetrics and medical history (if any):		

REFERRAL IS INDICATED IN THE FOLLOWING CONDITIONS - only placenta that meet the essential criteria will be accepted.

ESSENTIAL CRITERIA FOR HISTOPATHOLOGICAL EXAMINATION (TICK ALL THAT APPLY):

- | | | |
|--|---|--|
| <input type="checkbox"/> Unexpected Severe Fetal distress (pH<7.05/BE>-12/scalp lactate >4.8mmol) requiring level 3 NICU admission | <input type="checkbox"/> Preterm birth <32 weeks | <input type="checkbox"/> Neonatal death |
| <input type="checkbox"/> Severe FGR (birth weight <3rd centile) | <input type="checkbox"/> Early onset severe PET requiring iatrogenic delivery | <input type="checkbox"/> Stillbirth (24-42+ weeks) |
| <input type="checkbox"/> Severe maternal / fetal sepsis requiring ventilation / level 3 NICU | <input type="checkbox"/> Abnormal UA dopplers (absent/reversed EDF) | <input type="checkbox"/> Late Miscarriage (14+1- 23+6 weeks) |
| <input type="checkbox"/> Massive placental abruption with adherent retroplacental clot | <input type="checkbox"/> Monochronic twins TTTS | <input type="checkbox"/> TOP (other than congenital abnormalities and common trisomies) - specify reason |
| <input type="checkbox"/> Placenta accreta spectrum | <input type="checkbox"/> Molar pregnancy/ mesenchymal dysplasia | |
| | <input type="checkbox"/> Unexplained hydrops | |

Onset of labour

- ☐ Spontaneous
☐ Induced

Delivery

- ☐ Normal vaginal
☐ Instrumental
☐ Caesarean

Placenta delivery

- ☐ Normal
☐ Manual removal
☐ At Caesarean section

Multiple pregnancy

- ☐ MCDA ☐ MCMA
☐ DCDA ☐ Triplets/more

Twin 1: Sex: number of cord clamps:

Twin 2: Sex: number of cord clamps:

Received:

Assigned to:

Issued:

Laboratory use only:

Study codes added: Y / N

Triaged by:

Trimmed by:

Type: L D

Category: F I R

Royal College of Pathologists Guidelines

G108-Tissue pathway for histopathological examination of the placenta Sept 2022

Please only send placenta where you believe the histological examination would provide useful information that could explain the clinical presentation or might influence the clinical management.

REFERRAL IS NOT INDICATED IN THE FOLLOWING CONDITIONS as histopathological examination is unlikely to provide useful information.

Please do not send these placentas as they will be discarded on receipt by the lab staff.

- congenital anomaly
 - common aneuploidies (trisomies 21, 18, 13)
 - normal pregnancy
 - maternal diabetes / other maternal disease with normal pregnancy outcome
 - placenta praevia
 - post-partum haemorrhage
 - polyhydramnios
 - history of maternal Group B streptococcus
 - maternal coagulopathy
 - maternal substance abuse
 - low grade pyrexia in labour
 - history of previous molar pregnancy
 - cholestasis or pruritus of pregnancy
 - gritty' placenta
 - hepatitis B, HIV, etc.
 - rhesus negative mother with no fetal hydrops
 - uncomplicated twin pregnancy
 - uncomplicated accessory lobe
 - uncomplicated velamentous cord.
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RVI Cellular Pathology Local policy

Specimen reception (laboratory staff) will act as follows upon receipt of placenta:

- A) Essential criteria** for histopathological examination **met and essential clinical details provided** - the placenta will be **accepted** for examination.
You will receive a histopathological report within 6 weeks.
- B) Essential criteria** for histopathological examination **not met** - the placenta will be **discarded** in line with the Cellular Pathology discard pathway.
You will receive a notification regarding the discard of placenta.
- C) Incomplete essential clinical details** - placentas will be kept for 3 weeks and discarded afterwards in line with the Cellular Pathology discard pathway, **unless** essential clinical details are provided within the time frame of **3 weeks**.
You will receive a notification regarding lack of clinical details.
- D) Specific consultant clinician request:** In rare circumstances, placenta does not fit into essential criteria for histopathological examination. **Please contact the perinatal pathologist before sending the placenta**, to avoid rejection of the placenta by lab staff.

PLEASE NOTE: In certain circumstances (e.g. high workload, lack of staffing etc.), **it may take longer than 6 weeks to provide a histology report**. If you require a histological report in such delayed cases, please email nuth.cellpathsprec@nhs.net with the subject 'Placenta histology' and include the patient's name, date of birth and hospital number. Please specify if the result is urgent.