



Referral Form for Placental Examination version v.9

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, contact RVI Specimen Reception 0191 2824565 or 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 (*HIV / TB / Hep B / Hep C*)

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

Gestation:	Date of Delivery:	Livebirth: Yes / No
Birth Weight/s (grams):	Sex: M / F / Unknown	Multiple pregnancy:
Birth weight centile at delivery (if known):	For multiple pregnancy:	Yes / No
GAP <input type="checkbox"/> Intergrowth <input type="checkbox"/> Other <input type="checkbox"/>	Twin 1: Sex: number of cord clamps: Twin 2: Sex: number of cord clamps: Other babies:	If yes, specify:
<input type="checkbox"/> MCDA <input type="checkbox"/> MCMA <input type="checkbox"/> DCDA <input type="checkbox"/> Triplets/more		
Details of current pregnancy, current complications/interventions (specify), please include copy of relevant scan reports. In case of neonatal death, please include discharge letters.		
Relevant Obstetrics history:		

REFERRAL IS INDICATED IN THE FOLLOWING CONDITIONS - only placenta that meet one/more of the following criteria will be accepted.

CRITERIA FOR HISTOPATHOLOGICAL EXAMINATION (TICK ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> Unexpected Severe Fetal distress requiring therapeutic cooling level 3 NICU admission
<input type="checkbox"/> Severe FGR (birth weight <3rd centile)
<input type="checkbox"/> Severe maternal / fetal sepsis requiring ventilation / level 3 NICU
<input type="checkbox"/> Massive placental abruption with adherent retroplacental clot
<input type="checkbox"/> Placenta accreta spectrum | <input type="checkbox"/> Preterm birth <32 weeks
<input type="checkbox"/> Early onset severe PET requiring iatrogenic delivery
<input type="checkbox"/> Abnormal UA dopplers (absent/reversed EDF)
<input type="checkbox"/> Monochronic twins TTTS
<input type="checkbox"/> Molar pregnancy/ mesenchymal dysplasia
<input type="checkbox"/> Unexplained hydrops | <input type="checkbox"/> Neonatal death (time lived)
<input type="checkbox"/> Stillbirth (24 weeks - 42+ weeks)
<input type="checkbox"/> Late Miscarriage (14+1 weeks - 23+6 weeks) |
|---|--|---|

Onset of labour

- Spontaneous
 Induced
 N/A

Delivery

- Normal vaginal
 Instrumental
 Caesarean

Placenta delivery

- Normal
 Manual removal
 At Caesarean sectio

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 a placenta when 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) 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 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.cellpathspecrec@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.