



Placement of Pathology Specimen Label

SURGICAL PATHOLOGY PLACENTA REQUISITION

Department of Pathology: 519-685-8500 Ext. 32956

PIN#: _____
NAME: _____ Last First
ADDRESS: _____
TELEPHONE: _____
SEX: _____ D.O.B.(yyyy/mm/dd): _____
OHC#: _____ Version Code: _____

Source: [] SJHC [] SSH [] UH [] VH [] Other: _____

Submitting Physician: _____ Date of Procedure: _____
PRINTED NAME YYYY/MM/DD

Clinical Information:

Parity excluding this pregnancy: _____ Estimated Date of Confinement: _____
YYYY/MM/DD

Any Prenatal Disease: _____

Date Delivered: _____ Birth Weight: _____ Sex of Infant: [] Female [] Male
YYYY/MM/DD

Amniotic Fluid: [] Normal [] Excessive [] Oligo

Infant Liveborn: [] APGAR _____ [] Infant Stillborn

Reason for submission of placenta/specific questions for pathologist: _____

Tissue Submitted:

- A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

LAB USE ONLY (number of blocks)
Table with 6 rows for recording block counts.

Total Number of Specimens: _____

Additional Specimens on Another Form: [] Yes [] No

Requisition Completed by: _____
PRINTED NAME / SIGNATURE