SLUCare Physician Group
1402 South Grand Blvd. • Saint Louis, MO 63104

DEPARTMENT OF PATHOLOGY
REQUISITION

ATTN: SLU Complex Perinatal Service

Date: _____

Service notified? ☐ Yes ☐ No

Fax requisition to (314) 977-7879

Note: Please send the original of this completed form with the placenta

PATIENT NAME (MOTHER'S NAME) (LAST, FIRST, MI):	
MEDICAL RECORD NUMBER:	REFERRING ENTITY:
CONTACT PHYSICIAN:	☐ FETUS AND PLACENTA (completed autopsy permit required) ☐ PLACENTA ONLY ☐ UTERUS
PAGER NUMBER:	
OFFICE PHONE NUMBER:	

	CATEGORY – check all that apply		CATEGORY – check all that apply
	Intrauterine fetal demise		At discretion of physician
	Postnatal delivery room death		Congenital infection
	Fetal congenital anomaly(ies)		Placental abnormality noted pre- or post-delivery (including possible trophoblastic disease, accreta, etc.)
	Intrauterine growth restriction (pre- or postnatal EFW < 10%ile)		
	Multiple pregnancy		Preterm delivery < 32 weeks
	Depressed infant (5 minute APGAR < 3, pH ≤ 7.00)		NICU admits

GESTATIONAL AGE AT DELIVERY:

SPECIFIC QUESTIONS TO BE ADDRESSED: