UNIVERSITY OF MICHIGAN HOSPITALS & HEALTH CENTERS

Pathology

Testing / Diagnostic / Screening Requisition - Anatomic Pathology Section Laboratory Requisition

☐ Routine
☐ STAT

ORDER DATE: ______ /______ /______
(mm/dd/yyyy)

RESULTS REPORTING LOCATION CODE

MRN:
NAME:
BIRTHDATE:
CSN:

ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: ☐ See label above	UMHS Dr. #:
Collected by:			
Collected Date: ______ /______ /______	Collection Time: _____:______am/pm	Attending Physician: (if different from above)	UMHS Dr. #:

PLACENTA SPECIMEN REQUEST

Date of delivery: ______ /______ /________

Age ________ G _______ P-term _______
P-preterm ______
P-AB ________
P-living ________

EDD _____/_____/_______ EGA _______weeks

Antepartum Diagnoses:
- ☐ PPROM
- ☐ POL
- ☐ Chorioamnionitis
- ☐ Pregest DM, type I
- ☐ Pregest DM, type II
- ☐ Gest DM, Insulin requiring
- ☐ Gest DM, diet controlled
- ☐ FHR strip ☐ reassuring ☐ non-reassuring ☐ pulse-oximeter
- ☐ Chron Htn
- ☐ Preeclampsia
- ☐ Eclampsia
- ☐ HELLP
- ☐ IUGR
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Smoking
- ☐ Alchohol
- ☐ Drugs
- ☐ TRAP (Twin Reversed Arterial Perfusion)
- ☐ Multifetal (#_____)
- ☐ Discordant?
- ☐ Fetus papyraceus
- ☐ TTTS (Twin twin transfusion syndrome)
- ☐ Other ___________

Cord pH: _________________

Other diagnoses of clinical significance ____

Other Infants (multifetal)

Infant data: ☐ Male ☐ Female Weight _________grams (preferred)
_________lbs ________oz

Apgar 1 min _______ Apgar 5 min _______ Apgar 10 min _______

Multifetal Gestation -- Notes: ☐ Natural ☐ Embryo Transfer ☐ Other info:
Clamp Designation: A: B: C:

☐ Stillborn ☐ Neonatal demise Disposition ☐ autopsy ☐ funeral home

Fetal anomalies diagnosed antepartum ☐ Cardiac ☐ CNS ☐ Club foot ☐ NTD ☐ Abd wall ☐ Other

Amniotic fluid: ☐ clear ☐ bloody ☐ meconium ☐ Other

Placenta: ☐ succenturiate lobe ☐ bilobar ☐ Circumvallate ☐ Other

Umbilical cord estimated length ______cm
Cord insertion ☐ central ☐ peripheral ☐ velamentous ☐ Other

Specific questions for pathologist: ____

Resident MD ______________________ physician # __________
Attending MD ______________________ physician # __________

SPECIMEN CODES:

TUBES
- B = BLUE
- F = FSP
- G = GREEN
- N = NAVY BLUE
- L = LAVENDER
- R = RED
- S = SST (CORVAC)

SITE/MATERIAL
- A = AMNIOTIC FLUID
- BF = BODY FLUID
- BM = BONE MARROW
- CSF = SPINAL FLUID
- GA = GASTRIC
- M = MUSCLE TISSUE
- SK = SKIN
- T = TISSUE
- U = URINE

HANDLING CODES:

BLACK REVERSE **SPECIMENS REQUIRE SPECIAL HANDLING. Refer to on-line handbook,** "http://www.pathology.med.umich.edu/handbook/"

BLACK REVERSE ITALICS SPECIMENS REQUIRE SPECIAL HANDLING AND A HISTORY AND DIAGNOSIS.

BLACK BOLD ITALICS = THESE TESTS REQUIRE A HISTORY AND DIAGNOSIS IN ORDER TO REPORT RESULTS.

COLOR BOLD ITALICS = THESE TESTS REQUIRE A SPECIAL CDC OR MDPH HISTORY FORM AVAILABLE IN THE LAB.

* = THESE TESTS INCLUDE A CONSULTATION AND REQUIRE A HISTORY AND DIAGNOSIS.