EMBRYOPATHOLOGY CONSULTATION REQUEST

FOR CASES 19 WEEKS 6 DAYS GESTATIONAL AGE OR LESS

EP Specimen Label

SURNAME	GIVEN NAMES
DATE OF BIRTH	
MSP NUMBER	
HOSPITAL / FACILITY	
REQUESTING PHYSICIAN	
COPIES TO	

THE PROCESS WILL BE ***DELAYED*** IF THIS FORM IS NOT COMPLETED. (ALL INFORMATION IS REQUIRED)

TO BE COMPLETED BY PATIENT

Consent and Parental Responsibility for Making Arrangements must both be completed:

By signing this requisition I, ______________________________ (Patient's name), hereby:

❑ **CONSENT** to the examination of these products of conception.

❑ **DO NOT CONSENT** to the examination of these products of conception.

AND

❑ *I have completed the Parental Responsibility for Making Arrangements form.*

Patient's Signature: __________________________________ Date: _______________________

Witness' Signature: __________________________________ Date: _______________________

STATEMENT BY INTERPRETER COMPLETE **ONLY** IF A PROFESSIONAL INTERPRETER IS USED TO OBTAIN CONSENT. I have translated the above information to: ❑ the patient ❑the parent ❑ the legal guardian or representative and I have interpreted their responses to the health care professional.

INTERPRETER NAME (PRINT): _________________________ SIGNATURE: ___________________ MSP: ______________

TO BE COMPLETED BY REQUESTING PHYSICIAN

NAME (PRINT): ______________________________ SIGNATURE: ____________________ MSP: _____________

CLINICAL INFORMATION:

Declaration of gestational age (as determined by clinician): ______________

Gravida: _____ Para: _____ Date of delivery/specimen collection: _______________________

Relevant pregnancy and medical history (please include relevant reports, e.g. pre-natal screening, u/s findings, medical genetics consultation, etc.):

SPECIMEN TYPE: ❑ SPONTANEOUS LOSS ❑ MISOPROSTOL INDUCTION ❑ D&E / D&C

FOR EP LAB USE ONLY:

DATE RECEIVED: ____________ DATE PROCESSED: ____________ PATH: _____________ TECH: ________

FINDINGS: PLAC: ___________ DEC: ____________ OTHER: _______________

CG: ______________ FROZEN: ______________ PHOTOS: ________________ MISC: ______________

SJ: _____________ HISTO: ________________________

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