ChristianaCare [®]	
SURGICAL PATHOLOGY AND GENETICS REQUEST FORM	
FOR PRODUCTS OF CONCEPTION, PLACENTAL TISSUE, AND FETAL DEMISE	
Instruction: To be used to request Surgical Pathology and/or genetics for fetal or placental tissue and products of conception. Use additional Anatomic Pathology Request (#15210) for additional specimen(s). If Autopsy requested, send Consent (#15691) to HIMS. NOTE: For genetic testing of a Live born baby, complete the Cytogenetics and Molecular Diagnostics Test Request form (#24759) in addition to this form.	
Ordering physician: Collection date: Gestational Age: Intact Fetal Weight (if known):	_// Collection time:
Gestational Age: Intact Fetal Weight (if known):	
Clinical history/additional requests:	
Disposition: Hospital cremation Funeral Home (Specify):	() -
☐ Funeral Home (Specify): Funeral Home	
Autopsy: Consented Declined Undecided (send fetus to the M When decision is finalized, complete a new Surgical Pathology and Genetic applicable (#15691) and send copies to Pathology and Morgue for instructi	cs Request (#24484), and an Autopsy Consent, if
Section I: Choose one (A – D, and E, if applicable). (To reque	
□ A. Products of conception/fragmented fetus less than 20 weeks Standard Surgical Pathology exam with dissection requested.	
 B. Fragmented fetus greater than or equal to 20 weeks OR 350 grad Placenta present: Yes No Mother agrees to pathology exam with microscopic examination – and placenta to Surgical Pathology with completed forms. Mother agrees to gross exam, including weights/measurements. F Send fetus and placenta to Surgical Pathology with Anatomic Path 	- complete Autopsy Consent (#15691). Send fetus Placental microscopic sections will be performed.
 □ C. Intact fetus less than 20 weeks AND less than or equal to 350 gr 	
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E. Placenta: standard Surgical Pathology exam.	
Section II (for specimen types B, C an	
Footprints requested: Yes No N/A Already performed on flo	
Genetics requested: No Yes*, type of test: Karyotype Microa	array 🗌 Other genetic tests:
*Informed Consent for Genetic Testing Adult form (#23854) is REQUIRED test is needed, contact Molecular Diagnostics at (302) 733-3530.	to perform these tests. If more than one type of
*If greater than 20 weeks or 350 grams (B or D completed above), Autopsy testing of fetal tissue.	Consent (#15691) is also required for genetic

				′′' .		
Provider Signature/Title Print Name or ID#			Date	Time		
For Pathology Use Only:						
Case Number		_ Tissue submitt	ed for genetics	:		
		_	-	POC vs. Placental	vs. Fetal	
24484 (12939)(0723)C	Ply 1 - Chart	Ply 2 - Pathology	Ply 3 - Morgue	C	ONSENTS - Surgical Path	

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