

Name of Facility: _____

**DEPARTMENT OF PATHOLOGY
PLACENTAL EXAMINATION
(to be completed by attending physician)**

patient sticker

Age: _____

Gravida: _____ Para: _____ Abortion: _____

Estimated length of gestation: _____

PERTINENT PRENATAL HISTORY:

DELIVERY:

Length of Labor: _____ Type of Delivery: _____ Induced? Y N

Time between delivery and clamping of umbilical cord? _____

PERTINENT DELIVERY HISTORY:

INFANT:

Sex: M F Weight: _____ Length: _____

Apgars: 1 min: _____ 5 min: _____

PLACENTA:

Total length of umbilical cord left attached to child? _____

Any clinically evident placental disorder? (please explain)