

UR number _____
 Surname _____
 Given name/s _____
 Date of birth _____ Gender _____
 (Affix baby's label)

Baby's label

UR number _____
 Surname _____
 Given name/s _____
 Date of birth _____ Gender _____
 (Affix mother's label)

Mother's label



Clinical information before placental and post-mortem examination

Describe the clinical circumstances leading up to the perinatal death including the gestation and any therapeutic interventions, if applicable. (e.g. unexpected fetal death in utero at 38 week's gestation, extreme prematurity following preterm labour at 21 week's gestation, termination of pregnancy for fetal anomalies at 23 week's gestation).

What clinical questions need to be answered by the post-mortem and placental examination? (e.g. cause of unexpected fetal death, evidence of suspected chorioamnionitis and fetal infection, characterisation of anomalies diagnosed on antenatal imaging, assess if there are any complications of neonatal resuscitation, etc).

Describe any clinical issues during in the antenatal period. (e.g. IVF/assisted conception, gestational diabetes, multiple pregnancy, suspected IUGR, recurrent bleeding, evolving pre-eclampsia, prelabour premature rupture of membranes, etc).

Were there any significant findings in the antenatal investigations - maternal antenatal serology, genetic screening/diagnostic testing, fetal imaging and perinatal blood tests? (e.g. maternal antiphospholipid antibodies, suspected fetal structural abnormalities on scan, high risk first trimester combined screening, etc)

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 (Affix mother's label)

Baby's label

Mother's label

Maternal obstetric history

Please indicate the mode of delivery and describe any significant issues relating to the birth.
 (e.g. cord entanglement, manual removal of the placenta, emergency Caesarean section for fetal distress, suspected chorioamnionitis, instrumental delivery, difficult breech extraction, abnormal looking placenta, etc).

Please add any further details if available/necessary:

Please ensure copies of the following are available to forward to the VPAS autopsy coordinator:

- Maternal antenatal serology Maternal perinatal blood tests Maternal microbiology tests
- Genetic screening and diagnostic test results Fetal imaging (ultrasounds, MRI if applicable)
- Antenatal care record Birth summary Maternal admission clinical notes
- Neonatal resuscitation and admission clinical notes, if applicable

Autopsy report:
 Name (referring Dr to receive autopsy report): _____
 Phone: _____ Email: _____
 Address: _____
Additional copies to: _____

Name: _____ **Signature:** _____
Designation: _____ **Date:** _____
Contact details: _____