VPAS

Victorian Perinatal Autopsy Service

UR number

Surname

Given name/s

Date of birth Gender

(Affix patient label)

Clinical Information Form: Before Commencement of Post Mortem Examination

Please clarify what clinical questions need to be answered by the post mortem examination:

Ancillary investigations require a separate request slip.

Copy for report to Unit/Doctor

Name:	Time and date of delivery:
Duration of pregnancy at delivery:	Stillborn estimated time from death to delivery: or Liveborn: post natal survival (m/h/d):
Time and date of death: ____:-____ (24 hour clock) ____/____/____ (dd/mm/yy)	Birth weight (recorded on death certificate):
Place of delivery/death (Hospital/Ward/Unit/Location):	

Maternal history

Maternal medical history (including diabetes mellitus, hypertension, medications, etc)	
Maternal past obstetric history (including brief summary of course and outcome of previous pregnancies); parity (gravid, para)	
Present pregnancy: LNMP EDD (Dates) EDD (Ultrasound – if different)	Multiple pregnancy Chorionicity (if known): Complications:
Antenatal screen: Blood group & Rh Maternal serum screen TORCH screen Hepatitis B&C Syphilis HIV	Other maternal investigations: Kleihauer test Auto antibodies Coagulation profile Group B Strep. Parvovirus

Maternal history (continued)

Other antenatal investigations/procedures:
Ultrasound(s) findings (including abnormal/normal anatomy, placenta);
Amniocentesis/chorionic villus sampling (FISH/Karyotyping); Fetal surgery

Please include copies of reports

Antenatal course (including premature rupture of membranes, bleeding, fever, hypertension, etc)

Labour:
Spontaneous/induced
Duration
Complications

Delivery:
Mode (vaginal, emergency/elective caesarean section – indication)
Presentation
Rupture of membranes
Liquor (including meconium)

Baby:
Liveborn/stillborn
APGARS

Neonatal course (if liveborn):
Resuscitation
Neonatal problems
Investigative and therapeutic procedures

Please continue writing if necessary:

Signature: **Print name:**

Designation:

Date: / /