



UR number _____

Surname _____

Given name/s _____

Date of birth _____ Gender _____

(Affix patient label)

Victorian Perinatal Autopsy Service

**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: _____ Birth Weight (recorded on death certificate):
_____-:_____(24 hour clock) ____/____/____ (dd/mm/yy)

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 _____ Multiple pregnancy _____
EDD (Dates) _____ Chorionicity (if known): _____
EDD (Ultrasound – if different) _____ Complications: _____

Antenatal screen:

Blood group & Rh _____
Maternal serum screen _____
TORCH screen _____
Hepatitis B&C _____
Syphilis _____
HIV _____

Other maternal investigations:

COVID-19/SARS-CoV-2 testing: _____
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:

Designation:

Date: / /

Print name: