

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

