

Canterbury Health Laboratories

OBSTETRICS SFPG REQUEST FORM



Canterbury Health
Laboratories
www.chl.co.nz | 0800THELAB

Surname			Given Names		Copy to
Age or D.O.B.	Sex	NHI		Collection date	Collection time
Care of (OG Team or Consultant)		Location		Collected by	Requested by

TESTS REQUIRED:



SFPG (sFlt-1/PIGF ratio)

- Clinical features of pre-eclampsia

OR



PLGF (PIGF only)

- Screening for early-onset placental insufficiency at 20+0 to 28+0 weeks

Specimen Requirements: 1 x red or gold (SST) tube.

Please provide the following information:

Gestational Age: ____ Weeks

☐ Singleton Pregnancy or ☐ Multiple Pregnancy

Indication (if requesting ratio) (Please select one):

☐ Suspected pre-eclampsia

☐ Isolated new or worsening hypertension

☐ Isolated new or worsening proteinuria

☐ Isolated foetal growth restriction