

Canterbury Health Laboratories

OBSTETRICS SFPG REQUEST FORM



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

			Copy to	
Surname		Given Names		
Age or D.O.B.	Sex	NHI	Collection date	Collection time
Care of (OG Team or Consultant)		Location	Collected by	Requested by
TESTS REQUIRED:			Please provide the following information:	
<input type="checkbox"/> SFPG (sFlt-1/PIGF ratio) <ul style="list-style-type: none"> • Clinical features of pre-eclampsia 			Gestational Age: _____ Weeks <input type="checkbox"/> Singleton Pregnancy or <input type="checkbox"/> Multiple Pregnancy	
OR			Indication (if requesting ratio) (Please select one): <ul style="list-style-type: none"> <input type="checkbox"/> Suspected pre-eclampsia <input type="checkbox"/> Isolated new or worsening hypertension <input type="checkbox"/> Isolated new or worsening proteinuria <input type="checkbox"/> Isolated foetal growth restriction 	
<input type="checkbox"/> PLGF (PIGF only) <ul style="list-style-type: none"> • Screening for early-onset placental insufficiency at 20+0 to 28+0 weeks 				
Specimen Requirements: 1 x red <u>or</u> gold (SST) tube.				